

OFFICIAL TAX RECEIPT

MEMORY GARDEN INSCRIPTION/LEAF ORDER FORM

Date: _____ Amount: **\$250.00** Cash Cheque

Receipt to: Name _____
Address _____
City _____ Postal Code _____
Phone _____

\$125.00 of this payment to the City of St. Thomas for the Memory Garden is eligible under the provisions of Sections 110.1 and 118.1 of the Income Tax Act as a Charitable Donation.

Ordered by: Name _____
Address _____
City _____ Postal Code _____
Phone _____

Tree Nbr:

INSCRIPTION FOR LEAF (up to 44 characters only) Please Print Below

Ordered & Signed _____ Date _____

If unable to complete online print out and mail to: City of St. Thomas-Parks and Recreation Dept., 2 Third Ave., St. Thomas, ON N5R 0A7
Please allow 8 weeks from process of payment for installation of leaf (519)633-7112

