



## MEMORIAL GARDEN PLAQUE INFORMATION FORM

Please fill in the form below and return to the church office:

Pendleton United Methodist Church  
Post Office Box 646  
Pendleton, SC 29670

### PLEASE PRINT THE FOLLOWING INFORMATION:

Name of the deceased as it is to appear on the Memorial Plaque:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Date: \_\_\_\_\_

Name and address of person still affiliated with Pendleton United Methodist Church, or person living to be contacted in the future concerning the cemetery:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

In signing this agreement, it is understood that I agree to the rules and regulations relating to the Memorial Garden at Pendleton United Methodist Church.

\_\_\_\_\_  
(SIGNATURE OF REPRESENTATIVE OF ESTATE)

\_\_\_\_\_  
(DATE)