St. Raphael Tree of Remembrance
Rooted in Love
Gold Leaf Order Form

Your Name: _____

Address: _____

_____

Phone #: _____

Please print below how you want your gold leaf on the tree to read.
Suggested donation amount of $500.00 per leaf.

Please select placement of leaf on Tree of Remembrance. Section _____ **Row** _____ **Leaf** _____

Please select placement of leaf on Tree of Remembrance. Section _____ **Row** _____ **Leaf** _____

Please Note: 20 spaces per line. The more lines you have the smaller the font.

Suggestion for Line 1: "Donated by" or "In Memory of" or "In Honor of."

Payment Type: ☐ Cash ☐ Check #: _____ Payment Amount: $ _____

Date Ordered: _____ Date Received: _____ Date Installed: _____