



**UNITARIAN UNIVERSALIST
CONGREGATION OF MARIN**

MEMORIAL PLAQUE REQUEST FORM

Do you have a deceased relative who was a member of our Unitarian Universalist Congregation whom you would like to memorialize on our Memorial Wall? We install 9” X 2” bronze plaques on the east-facing wall outside the Fireside Room.

Please fill in this form and return it to the office.

FULL NAME OF MEMORIALIZED MEMBER: _____

BIRTH AND DEATH DATES: _____

Your cost will be: Plaque, including two lines of engraving \$150.00

Additional gift to church general fund or to the
Endowment fund (optional) _____

Total _____

Please make checks payable to UUCM

YOUR NAME, ADDRESS AND PHONE NUMBER

We thank you for participating in our Memorial Wall.

Any questions, call the church office, or talk to a Memorial Committee member.

Note: Scattering of ashes on the property may be requested.