



## Remembrance Garden of Greater Providence

### Stone Walkway Engraving Request Form



Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Please clearly print your child's name as you would like it to be engraved:**

**CHILD'S NAME** \_\_\_\_\_

Please enclose a check for \$100, made payable to:  
Remembrance Garden of Greater Providence

Mail your check to:  
Lucille Valliere  
10 Dail Drive  
North Providence, RI 02911

Any questions, please call Lucille at 401-231-9229.

**Thank you!**