



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 \$75, 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!