Tree of Life Memorial Order Form

Client Name ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Pet Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the box below please fill in how you would like your leaf customized. The limit is 3 lines of 20 characters (spaces included as one character). Print in all capital letters.

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$100\* Check made payable to Veterinary Care Foundation (please include Sylvan Veterinary Hospital in the memo) and this form should be either dropped off or mailed to:

Sylvan Veterinary Hospital

739 S. Logan Blvd

Hollidaysburg, PA 16648

$100 is the minimum donation for the Tree of Life Memorial, amounts exceeding $100 are more than appreciated.