

## CCHS Memorial Wall Plaque Order Form

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Large Plaque, (portrait), 12" x 8";	\$ \$750 be placed on the bottom row of the wall; limited quantity available.					
Large plaques that are portrait orientation will	be proced on the bottom row of the wall, limited qualitity dvallable.					
CCHS will determine the location of the plaque. 4-6 week for installation after final approval.  PAYMENT: Total Amount: \$	. The donor will be notified when the plaque is installed. Please all					
O Check (payable to Champaign County Huma	ne Society) Check #					
O Visa O Discover O Mastercard						
Credit Card # 3 Digit Code: Expiration Date:						
Name on card:						
Give a plaque as a gift.  A letter will be sent informing the recipient when	n the plaque has been installed.					
Recipient:						
Address:						
City:	State: Zip:					
Name of donor:						
	For Office Use Only					
	Date payment received:					
Mail completed form to:	Method of payment:					
Mail Completed form to.	Final plaque approval (donor initials):					
Champaign County Humane Society 4003 Kearns Dr.	Date of approval:					
Champaign, IL 61822	Date plaque ordered:					
Questions?	Plaque #:					
Call 217-344-7297	Date confirmation sent to donor:					