

P.O. Box 909, Lakeside, AZ 85929
3212 N. Porter Mtn Road
(928) 368-5295
www.HSWM.org



PERSONALIZED/MEMORIAL
PAVER ORDER FORM

HUMANE SOCIETY *of the* WHITE MOUNTAINS

Date _____

Name _____

Address _____

Phone _____

Specifications – pavers measure 12" x 12"

Capacity/Wording: three lines

Cost - \$200 per paver.

Your order will be submitted to supplier as received; no corrections will be made,
check wording over carefully. Submit this form with your payment.

Allow ample time to process the order, delivery and placement of the paver(s).

Please print clearly.

1st Line (choose one)

IN MEMORY OF / IN HONOR OF

2nd Line

3rd Line

Please make checks payable to "HSWM" - **Thank you!**

X

Signature _____