ROSARY MEMORIAL GARDEN ORDER FORM

Sponsor Name: _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Email:** _____

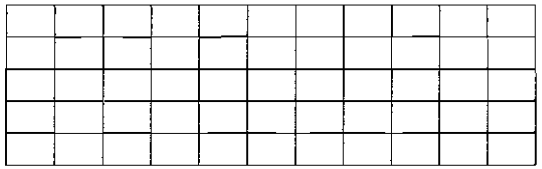
Location: _____ **Space:** _____

Inscription: Please check and complete your desired memorial inscription in the appropriate box below.

SQUARE MARKER [ ] Donation: $_____

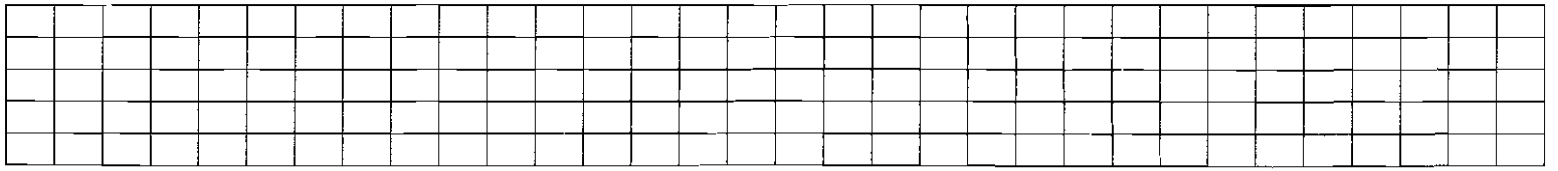
NOTE: Stone Mason will balance inscription on markers and benches.

Note: 11 characters per line including spaces/5 lines



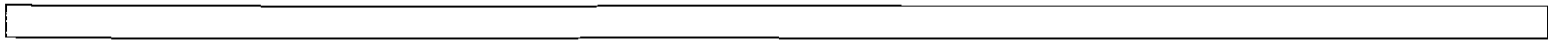
RECTANGULAR MARKER [ ] Donation: $_____

Note: 32 characters per line including spaces/5 lines



BENCH [ ] Donation: $_____

Note: 50 characters including spaces/1 line of text maximum



**See brochure for Donation/Cost Summary **Checks payable to St. Antoninus Church.
**Return the form and check to St. Antoninus, Attn: Steffany Reid, 1500 Linneman Rd., Cinti., OH 45238
**For questions or assistance, please contact Steffany Reid, Business Manager, at (513) 922-5400.