

Please return to Sanjay Singh, any HCC board member or drop in the temple mail box.

519-494-0900

MEMORY INSCRIPTION /LEAF ORDER FORM

Date: _____ Amount: 500\$ Cash Cheque #

Receipt to: Name _____
Address _____
City _____ Postal Code _____
Phone _____ Email _____

Ordered by: SAME AS ABOVE

Name _____
Address _____
City _____ Postal Code _____
Phone _____ Email _____

INSCRIPTION FOR LEAF (maximum 45 characters on 3 lines including punctuation)

Please Print Below

Signature _____ Date _____

Note* Once your leaf is installed you will be contacted