



MEMORIAL GARDEN
RESERVATION SHEET

I am requesting approval for the interment of ashes in the Memorial Garden of LTUMC.

Name of applicant: _____
(one name per application please)

Contact phone number: _____

Address: _____

Reserving or utilizing a:

◇ _____ Wall Columbarium \$550.00

◇ _____ Ground Columbarium \$350.00

◇ _____ Scattering of ashes \$200.00

Make payment to Lake Toxaway United Methodist Church.

If determined, columbarium number reserved: _____
(It is suggested to speak with the pastor, administrator or garden co-ordinator before selection.)

This reservation is for _____ myself or _____ loved one

Please print the name of the loved one as you would like it to appear on the bronze plaques:

Name _____

Date of birth _____ Date of death _____

Signature _____
I have read the memorial garden guidelines and agree with the details outlined.