

Health Services Auxiliary

Memory Lane Order Form

Your tile may be inscribed with up to 3 lines. Each line may be 20 characters including spaces between words.

The cost is:

\$35 for 1 line; \$37.50 for 2 lines; \$40.00 for 3 lines

Inscribe tile as follows: (Please Print)

Line 1 _____

Line 2 _____

Line 3 _____

Ordered by: (Please print)

Name _____

Address _____

City, State, Zip _____

Phone _____ E-Mail _____

You will also receive a certificate that will give you the number and location of the tile.

Please make all checks payable to HSA. Mail your check with this order to:

HSA Memory Lane Project, Box 11, MAMC, Tacoma, WA 98431
