

**LAKESIDE CEMETERY
DECORATIVE BRICK WALL PROJECT
DONATION FORM**



Please print:

Donor's Name: _____
 First Middle Last

Address: _____
 Street

 City State Zip code

Phone: _____ Email: _____

Donation: \$ _____

(Gifts are tax deductible.)

Levels of Giving (please check one)

- Platinum \$5,000 - \$10,000 and up. (This level sponsors a section of the wall with a bronze plaque discreetly placed.)
- Gold \$1,000 - \$4,999
- Silver \$500 - \$999
- Bronze \$100 - \$499
- Copper up to \$99

In Honor of _____
 Name

 Honoree's Address

In Memory of _____
 Name

 Donor's Acknowledgement Address

*All checks should be made payable to the **City of Conway**, for **Lakeside Cemetery Wall Project**.*

Please mail checks to the following address:

City of Conway
Lakeside Cemetery Decorative Brick Wall Project
1000 Second Avenue
Conway, South Carolina 29526

Signature _____ Date _____