

Original photos will be returned to you after the event

be used in a memorial presentation shown during the ceremony,

• All candles are available for a fee of \$10 each

Please note, that seating is limited and will be available on a first come basis, you will be notified if your selected time is full. One order form per memorial please. If you would like to recognize an additional person, please complete a new form. Please send your **RSVP and photo by December 1st** to Cornerstone of Hope or by email to ilia@cornerstoneofhope.org.

I will be atte	nding the	remembrance cerei	mony on (CIRCLE	ONE): S	at. 1pm	n Sat. 3:30	Opm	Sun. 1pm	Sun. 3:30pm	
Name:					# Attending:					
Address:			City:_	City:			State:		Zip:	
Phone:				E-mail:						
Name to be placed on candle (PLEASE PRINT CLEARLY):										
Phonetic spelling of name to be read during the ceremony:										
# of Candles (\$10/CANDLE): Photo end				: Yes	No	Emailing	Use p	hoto from la	ast year	
Payment:	Cash	Check enclosed	For Credit Card	d payme	nts, ple	ase complet	te onlir	ne or call 21	6.524.4673	
•		your candle, we wou ional. Longer sentend						•		

A CENTER FOR GRIEVING
CHILDREN, TEENS AND ADULTS

You may also complete and submit this form online by visiting cornerstoneofhope.org

If completing by mail, please return to: Cornerstone of Hope 5905 Brecksville Road Independence, Ohio 44131

attendance. You may also email this to ilia@cornerstoneofhope.org.

Questions/Additional Information:

p. 216.524.4673

e. ilia@cornerstoneofhope.org