



Delta County Memorial Hospital Foundation
Memorial Plaque Order Form

Name _____

Address _____

Phone _____

Plaques are 1" x 4" and can accommodate 3 lines of 14 characters per line

Plaque imprint (please print legibly)

Plaques are \$100 each

Method of payment

_____ Cash

_____ Check Please make checks to: DCMH Foundation

_____ Credit card

Name of card holder _____

Credit card number _____ Expiration Date _____

3 Digit security code _____