

MEMORIAL GARDEN INTERMENT APPLICATION & RESERVATION

Full Name:	Last:		First:
	Previous Last	Name:	Nickname:
Date of Birth:			
Date of Death (if kno	wn):		
I. AFFILIATION WITH	WILLIAM & MARY		
□ Alumni:		Attended from:	to
□ Employee:		Employed from:	to
☐ Immediate Family o	f a qualifying	, , ,	dividual and affiliation with
☐ Spouse ☐ Pa	IT SHOULD READ O	William & Mary: ———————————————————————————————————	
II. INFORMATION AS Each bronze plaque co	IT SHOULD READ O	ON WALL OF REMEMBRA	ANCE PLAQUE s name, preferred class year or years nd sizes will be made in uniform
Spouse Pa II. INFORMATION AS Each bronze plaque co of service at the univers ashion. There is a maximum of or years of service. The late of death should be	IT SHOULD READ Ontains a two-line inscribity, date of birth and 40 characters per line second line is for date left empty. Any characters	PN WALL OF REMEMBRA ription with the decedent' date of death. All fonts ar e, and the first line is reser te of birth and date of dea	s name, preferred class year or years and sizes will be made in uniform aved for name and preferred class year ath only. For preplanning purposes, aust be made in writing by the
□ Spouse □ Pa I. INFORMATION AS ach bronze plaque co f service at the univers ashion. here is a maximum of r years of service. The ate of death should be	IT SHOULD READ Ontains a two-line inscribity, date of birth and 40 characters per line second line is for date left empty. Any characters	PN WALL OF REMEMBRA ription with the decedent' date of death. All fonts an e, and the first line is reser se of birth and date of dea	s name, preferred class year or years and sizes will be made in uniform aved for name and preferred class year ath only. For preplanning purposes, aust be made in writing by the

Continue on Next Page →

IV. AUTHORIZATION

I certify that I have received and reviewed a copy of the William & Mary Memorial Garden Policies & Procedures for Interment and agree to abide by the terms contained therein. I further certify to the best of my knowledge all of the information provided on this application and reservation is accurate.

I also acknowledge that payment is due at time of reservation.

Printed Name:	
Ciamaturus.	
Signature:	
Date:	

V. PAYMENT & SUBMISSION

Payment for Memorial Garden reservations are tax exempt and can be made by check or ACH payable to the William & Mary Alumni Association (or WMAA).

Payment made via credit or debit card is subject to a 3% processing fee.

All forms and payment can be submitted in one of the following ways:

By visiting the Alumni House in person during regular business hours:

Monday - Friday, 9:00 am to 5:00 pm.

500 Richmond Road Williamsburg, Virginia 23185 By mailing your completed forms and payment to:

The William & Mary Alumni Association Attn: Memorial Garden P.O. Box 2100 Williamsburg, VA 23187-2100