

THE WILLIAM & MARY ALUMNI ASSOCIATION MEMORIAL GARDEN RESERVATION FORM

	ne:		Firs	t Name: _		Middle/Mai	iden:	
Date of E	Birth:				_ Date of Deat	h:		
Affiliat	ion with	Willia	am & Mary:					
A	lumni		Attended f	rom	to	_		
E	mployee		Employed	from	to	Department		
S	pouse, ch	ild or pa	arent of a qualif	ying indivi	dual			
	INFOR	OITAN	N AS IT SHOU	LD READ	ON THE WAL	L OF REMEMBER	RANCE:	

AUTHORIZATION:

I also certify that I have received and reviewed a copy of the William & Mary N	Memorial	Garden Po	olicies
and Procedures and agree to abide by the terms contained therein. I further	certify to	the best of	of my
knowledge, that all of the information provided on this application is true and co	orrect.		

Signature:	Printed Name:	Date:	<i></i>	/
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Mail or Email the completed Reservation Form along with payment of \$2,000 to the address below. A completed Application for Interment from the individual in charge of your ashes will be due prior to interment

Jackie Blum- jblum@wm.edu

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

If you require further information or assistance please contact Jackie Blum

at **757.221.2794** or **jblum@wm.edu**