

**"IN MEMORIAM" RESERVATION FORM**

NAME(S) OF FRIEND/FAMILY MEMBER(S) (\$25 per listing)

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PAYMENT:    \_\_\_ Cash    \_\_\_ Check - No. \_\_\_\_\_    \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ AmEx

Name \_\_\_\_\_ Card No. \_\_\_\_\_

Address \_\_\_\_\_ 3-digit code \_\_\_\_\_

\_\_\_\_\_ Exp. Date \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

<b>For Office Use Only:</b> Pymt Logged in _____ Listed in Program _____ Dep Logged In _____ Cash/Ck dep. _____ CC copied _____ Charged _____
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**Add more names here, if needed:**

**Thank you for helping Columbia Pro Cantare express its appreciation to your friends and/or family members who appreciated beautiful music.**

**Please mail this form with your check or credit card information to: Columbia Pro Cantare, 8510 High Ridge Rd., Studio 17, Ellicott City, MD 21043.**