Honor your loved ones at the

Pathway of Life Garden

The Pathway of Life Garden at Grandview Cemetery (Route 33, east of Batavia) offers a unique opportunity to create a lasting, public tribute to your loved one. Surround by serene foliage, flowers and benches, the memorial brick garden is a dwelling for peaceful relaxation and quiet reflection.

Order a memorial brick today. Pricing includes engraving and installation. Simply complete and return the order form below, and we will notify you when your brick will be installed. Proceeds from the brick garden benefit *HomeCare & Hospice* and support our mission of **"Today, make a difference."**

Contact Jennifer Blake at 1-877-277-2615 or jblake@homecare-hospice.org for more information.

HomeCare & Hospice | 29 Liberty St., Suite 6, Batavia, NY 14020 | www.HomeCare-Hospice.org

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Pathway of Life Garden

Please accept my order for the following engraved brick(s): *Attach extra sheets for multiple inscriptions.*

___ $100 4″ x 8″ Engraved Brick, Red (2 line limit, 15 characters per line, including spaces and punctuation)
___ $150 8″ x 8″ Engraved Brick, Red (3 line limit, 15 characters per line, including spaces and punctuation)
___ $200 4″ x 8″ Engraved Marble, Black & Brown (2 line limit, 15 characters per line, including spaces and punctuation)
___ $250 8″ x 8″ Engraved Marble, Black & Brown (3 line limit, 15 characters per line, including spaces and punctuation)
___ $200 4″ x 8″ Engraved Granite, Black (2 line limit, 15 characters per line, including spaces and punctuation)
___ $250 8″ x 8″ Engraved Granite, Black (3 line limit, 15 characters per line, including spaces and punctuation)

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
EMAIL: _____

Please print the name(s) and message exactly as it should be inscribed:

This purchase is a gift. Please notify (name & address):

_____

Make checks and money orders payable to *HomeCare & Hospice*, or include credit card information below.
Return orders by mail to HomeCare & Hospice, 29 Liberty St., Suite 6, Batavia, NY 14020

Charge to: ☐ Discover ☐ VISA ☐ MasterCard ☐ American Express 3-digit code on back _____

Card # _____ Exp. Date _____/_____

Signature _____

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or e-mail at program.intake@usda.gov. TDD (800) 662-1220