

# TREE OF LIFE LEAVES

## 1. DONOR INFORMATION

NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_  
 CHAPTER: \_\_\_\_\_ NO# \_\_\_\_\_ DISTRICT # \_\_\_\_\_

## 2. ACKNOWLEDGEMENT INFORMATION

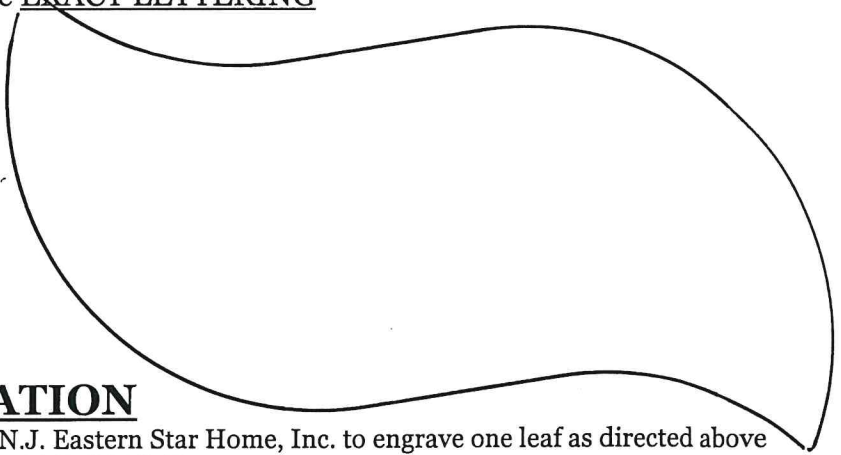
Complete only if you wish the Home to send an acknowledgement of your donation.

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

## 3. ENGRAVING INFORMATION

In the space below is an exact size outline of the leaf.

PRINT or TYPE the EXACT LETTERING



## 4. AUTHORIZATION

I hereby authorize the N.J. Eastern Star Home, Inc. to engrave one leaf as directed above  
And to attach it to their *TREE OF LIFE*.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Please make your \$500 check payable  
 New Jersey Eastern Star Home, Inc.  
 111 Finderne Ave.  
 Bridgewater, NJ 08807