Christ Chapel Memorial Garden 800 West College Avenue Saint Peter, MN 56082

## **DESIGNATED PERSON #1**

(Address)			
<u></u>		(6, , )	(ZID)
(City)		(State)	(ZIP)
(□Cell	□Home Phone)	(Email)	
ESIGNA	ATED PERSON #2		
(Name)			
(Address)	)		
(City)		(State)	(ZIP)
(City)  (□Cell	□Home Phone)	(State) (Email)	(ZIP)
(□Cell			(ZIP)
(□Cell		(Email) re the Designated Person(s).	(ZIP)
(□Cell  The Pu	urchaser(s) of the niche(s) an	(Email) re the Designated Person(s).	(ZIP)
(□Cell  The Pu	urchaser(s) of the niche(s) as urchaser is the Executor for	(Email) re the Designated Person(s).	(ZIP)
The Pu The Pu URCHA	urchaser(s) of the niche(s) and urchaser is the Executor for SER INFORMATION	(Email) re the Designated Person(s).	(ZIP)
The Pu The Pu URCHA (Name)	urchaser(s) of the niche(s) and urchaser is the Executor for SER INFORMATION	(Email) re the Designated Person(s).	(ZIP)

## **ELIGIBILITY**

Inurnment in the Christ Chapel Memorial (	Garden is limited to	Eligible Person	ns, as defined in
the Policies and Procedures adopted by the	College.		

1. Curre	nt/former Gustavus Adolphus C	ollege student:	
		(List graduation year)	
2. Family	member of current/former stud	dent:(List relationship to the current/former student)	
	nt/former Gustavus Adolphus C	ollege employee:	
		(List years of employment)	
4. Family	member of current/former emp	bloyee: (List relationship to current/former employee)	
5. Friend	ls of the college:		
	(List relationship to C	College)	
PRICING			
\$2,250			
\$4,500	•	tion of one person at their time of inurnment,	
<b>4100</b>	• •	person at their time of inurnment.	
\$100	Urn		
Gustavus Ado of the Design per Designato acknowledge	olphus College Memorial Garden nated Person(s). The Inurnment s ed Person, receipt of which paym	right to use the Inurnment Site designated in the a for the sole purpose of Inurnment of the Ashes Site is reserved with the payment of \$2,250 tent is hereby acknowledged. The Purchaser hat this Agreement is subject to the Policies and arden.	
Signature of Purc	haser #1	Signature of Purchaser #2	
Date		Date	

## **INSCRIPTION REQUEST** (Niche Number(s)) If two urns are being placed in a double niche names should be inscribed (check one): In the position shown above, no matter the order of the inurnment. The person inurned first should be inscribed on the upper half, no matter the order shown on this form. OFFICE USE ONLY Administrative Approval Date FINANCE OFFICE USE ONLY Payment of \$ \_\_\_\_\_ was received. An additional gift of \$\_\_\_\_\_ was received for the Christ Chapel Memorial Garden Fund to be used for on-going maintenance of the Memorial Garden and the Christ Chapel facility. Accepted by the College on the \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_, subject to the terms and conditions set forth in the Policies and Procedures of the Christ Chapel Memorial Garden, incorporated by reference.

(By)

(Title)