

## Bench Request Form

Bench #\_\_\_\_\_

EmilyAnn Theatre & Gardens P.O. Box 801, Wimberley, Texas 78676 Phone: 512-847-6969 www.emilyann.org

Individual Ordering Memorial Bench & Plaque
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Name:			
Address:			
Phone:	Email:		
o Line 2: Name	Memory (or Hono e of person being ional Information	remembered or honored (36	5 font) th date, remembrance, title,
Plaque Information Line 1:			_
Line 2:			·
Line 3:			
Payment Information (\$1	200 per bench/j	plaque)	
Amount:(Please attach check or cash paym	Type: ents to this form. To	Check Cash Copay by credit card please call the	Credit Card ne EmilyAnn office at 512-847-6969.)
*The EmilyAnn Theatre & Gardens is	a 501(c)3 organization.	Your donation is tax-deductible. The	ank you for sponsoring the EmilyAnn Theatre!
Office Use Only			
Order Rec'd Sen	t to Artist	Proof Rec'd from Artist _	Proof Sent to Client
Proof Approved by Client	Order Se	ent for Production	Paver Rec'd
Paver Installed	Notes:		