

Missouri Western State University

MEMORIAL BENCH PROGRAM ORDER FORM

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Amount: \$ _____

Payment methods:

Check enclosed (payable to MWSU Foundation)

Credit card:
 ___ Visa ___ MasterCard ___ Discover

Account # _____

Exp. Date _____ 3-digit verification # _____

Signature: _____

Required

**A memorial bench is
the perfect way to
leave a lasting memory
of a special family
member or friend for
years to come.**

Questions?
Call (816) 271-5647
MWSU Foundation

Sample Plaque Wording

IN MEMORY OF
JOHN DOE `67

CLASS OF 2001

JOHN & JANE DOE
WE MISS YOU

IN HONOR OF
ALL GRIFFONS
PAST - PRESENT- FUTURE

Recognition Plaque #1

(20 characters per line, spaces count as characters, 4 lines available)

Recognition Plaque #2

(20 characters per line, spaces count as characters, 4 lines available)

Return To: MWSU Development
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