## **Mill Tribute Wall Order Form**

Name of employee and donor will appear on each plaque. You have the option of choosing up to 2 additional lines of information listed below. Please write clearly. Each plaque will be \$35.

Name of employee (required):  _ _ _ _ _ _ _ _ _ _ _ _ _
Donated by (required):  _ _ _ _ _ _ _ _ _ _
Choose up to 2 of the following 4 <u>optional</u> lines
1. Nickname:   _ _ _ _ _ _ _ _ _ _
2. Position and department:   _ _ _ _ _ _ _ _ _ _ _ _
3. Payroll #:
4. Service: (pick one)
• Years of service (e.g. 50 years)  _ _ _ _ _ _
• Start & end date (e.g. 1909-1959)   _ _ _ _ _ _
<ul> <li>Retirement date (e.g. 1959)   _   _   _  </li> </ul>

I have verified that all information a Grand Falls-Windsor Heritage Societ replacing any plaques with errors.		
Name (please print)	Phone Number	
	Email	
Signature	Date	
Order paid by:  Cash Cheque EMT Website		
Staff signature	Date	