



COMMUNITY FUND ASSOCIATION

300 Tami Road, Red Feather Lakes, CO 80545  
970 881-3612 or 970 663-3393

CRYSTAL LAKES COMMUNITY FUND MEMORY WALL

Application for a 3" x 8" Memory Plaque

Please type or print information to be place on plaque.  
Maximum 3 lines and 27 letters (including spaces) on each line.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by:  
Name:  
Address:  
Phone Number:

Please include payment of \$ 100.00 with this form. Memorial donations may be designated in memory of this individual.

Mail to: Crystal Lakes Community Fund Association  
PO Box 557  
Crystal Lakes, CO 80545

The requesting party will be notified after the plaque is place on the wall.

To be completed by the Community Fund representative. This form will become a permanent record in the Crystal Lakes Community Fund files.

Date from mailed \_\_\_\_\_ Date form received \_\_\_\_\_  
Date plaque place on the Memory Wall \_\_\_\_\_ Plaque Fee \$ 100 Paid \_\_\_\_\_

DISCLAIMER

The engraving on the plaque will be exactly as written above on this form.