

Memorial Garden Application Form

Please download and email this completed form to:

ibwppimembership@gmail.com

Your name: _____

Email: _____

Phone number: _____

Mailing address: _____

Who are you memorializing, relationship? _____

Name as you want it to appear on the site: _____

In a few words tell us about your loved one:

Attach a Picture of your loved one: *file format must be jpeg or tng and a minimum size of 300 pixels.*

Note: A Membership Representative will contact you to review your request. Please see the Frequently Asked Questions tab.