7740 North Oracle Road
Tucson, Arizona 85704
(520) 544-9890
www.casafoundation.org

Memorial Wall Tile Order

Date: _____

Name of Donor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Name as it should appear on the tile:

Wall Tile ☐ Lotus Flower ☐ Angel Wing
$250.00

Framed Tile to be mailed in 1 year to: _____

_____

_____

Order Total: _____

Paid by: ☐ Cash Check # _____ ☐ Credit Card Visa MasterCard
(*circle one)*

Account Number: _____ Expiration Date: _____ *(mm/yy)*

Cardholder Name: _____

Cardholder Billing Address: _____ Zip: _____

Phone: _____

Please make check payable to Casa de la Luz Foundation

Rev. 11/14/11