

The SC Crime Victims' Memorial Garden Purchase Form

Name of Purchaser: _____
Address: _____
Telephone _____ Cell _____ email _____

I want to be notified of future events

Brick may be engraved with 2 lines / no more than 18 spaces per line:

First Line: Name of person or Entity _____

Second Line: Message / Dates _____

Crime Victim Status: Survivor Deceased

Nature of Crime: Check all that apply

<input type="checkbox"/> Murder	<input type="checkbox"/> Arson
<input type="checkbox"/> CDV	<input type="checkbox"/> Kidnapping
<input type="checkbox"/> Sexual Assault: <input type="checkbox"/> Child <input type="checkbox"/> Adult	<input type="checkbox"/> Carjacking
<input type="checkbox"/> Theft	<input type="checkbox"/> Home Invasion
<input type="checkbox"/> Terrorism	<input type="checkbox"/> Internet Crime
<input type="checkbox"/> Campus Crime	<input type="checkbox"/> Identity Theft
<input type="checkbox"/> Vulnerable Adult	<input type="checkbox"/> Contributing /Delinquency of a Minor
<input type="checkbox"/> Elder Abuse	<input type="checkbox"/> Lewd Act on a Minor
<input type="checkbox"/> Human Trafficking	<input type="checkbox"/> Child Exploitation
<input type="checkbox"/> DUI: <input type="checkbox"/> Injury <input type="checkbox"/> Death	<input type="checkbox"/> Workplace Violence
<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Other
<input type="checkbox"/> Stalking /Harassment	_____
<input type="checkbox"/> Assault	_____

Individual Brick: \$100 _____ # Total: \$ _____
 Decorative Bench: \$500
 5 foot Ornamental Tree \$ / Market Value Type of Tree: _____
 Plaque / Market Value

Method of Payment:

Cash Check Credit

All Checks payable to: **Crime Victims' Memorial Garden**

Mail to: **1900 Broad River Road / Columbia, SC 29210**

Contact: **803 750 1200 / 803 413 5040/www.scvictimgarden.org**