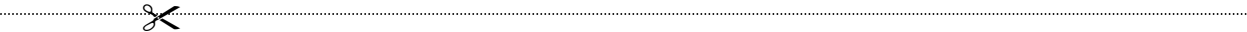


QUIDNESSETT MEMORIAL CEMETERY
 6365 Post Road
 North Kingstown RI 02852-1826

AN INVITATION TO JOIN THE FLOWER FUND

*You are cordially invited to join the
 "Quidnessett Memorial Cemetery Flower Fund".
 For a one-time minimum fee of \$500, the
 cemetery staff will biannually place
 flower memorials from the interest derived*



Please select two dates below and return this portion to our Office along with your check for \$500 at the address above. Thank you!

Memorial Day _____ Christmas _____ Fathers Day _____
 Fall (early) _____ Easter/Spring _____ Other (date) _____
 Thanksgiving _____ Mothers Day _____ Other (date) _____

Colors or type of plantings you prefer: _____

In Memory of:

By _____
Signature

For _____

 Print Name

PLEASE PRINT NAME(S) OF INDIVIDUAL(S)
FLOWER MEMORIALS ARE FOR ABOVE.

 Mailing Address

LOCATION IN CEMETERY: SECTION _____ LOT _____ SPACE(S) _____
(Cemetery can fill this portion out for you.)