



PAYMENT FORM

Plot Number

Name of Plot-Holder

Please check service requested:

- | | |
|---|--|
| <input type="checkbox"/> Spring: Potted Daffodils | <input type="checkbox"/> Winter: Wreath |
| <input type="checkbox"/> Summer: Potted Marigolds | <input type="checkbox"/> Winter: Blanket |
| <input type="checkbox"/> Fall: Potted Hardy Mums | <input type="checkbox"/> Other: Please specify _____ |

Amount: \$ _____

Form of payment: Check Visa MasterCard Discover American Express

Credit Card Number

Expiration Date

Verification Code

Cardholder Name

Phone Number

Cardholder Billing Address

Submit completed form to:

Hartdale Pet Cemetery

**75 North Central Avenue
Hartdale, NY 10530-2424**

**Fax: (914) 428-7972
E-mail: info@petcem.com**

www.petcem.com