OTAGO COMMUNITY HOSPICE MEMORIAL WALKWAY

The Memorial Walkway, sponsored by Mitre 10 Mega, is a beautiful, tranquil pathway that meanders along Lindsay Creek and is edged by the Otago Community Hospice gardens.

You can purchase a cast bronze plaque in memory of your loved one, which will be placed along the walkway. Each plaque costs $275.

To purchase a plaque, simply fill in the form on the back of this brochure and send it to:

Otago Community Hospice
PO Box 8002
Dunedin

or give it to your Hospice contact.

It normally takes up to six weeks once the order form is received.

The plaque can be laid on a date determined by the family. Please call us on 03 473 6005 if you require further information or have any questions about the memorial plaque or the walkway.

We encourage family members to visit the Memorial Walkway at any time. The entrance is off North Road by the end of our gardens. It is not necessary to call at the Hospice reception before you visit.

Otago Community Hospice | PO Box 8002
293 North Road | Dunedin | New Zealand
Tel: 0800 473 6005 | Fax: 03 473 6015
Email: contact@otagohospice.co.nz
Web: www.otagohospice.co.nz

otago community hospice
Living Every Moment

Otago Community Hospice Memorial Walkway

otago community hospice
Living Every Moment

Memorial Walkway

OTAGO COMMUNITY HOSPICE MEMORIAL WALKWAY

Remember your loved one by placing a cast bronze plaque by the Walkway through the Hospice Garden, alongside Lindsay's Creek.

Each engraved plaque will be placed by the Walkway at a cost to you of $275.

Please fill in the square below, with the details you require on the brass plaque.

Please print in **BLOCK LETTERS**.

DISCLAIMER: The Otago Community Hospice will take all due care of brass plaques but will not take responsibility for their general wear and tear due to weather conditions.

In Loving Memory of

			—						

150mm

In Loving Memory of

WINSTON SPENCER CHURCHILL

30.11.1874 – 24.1.1968

100mm

Please check carefully and sign before returning the form with payment to:

Otago Community Hospice
PO Box 8002
Dunedin 2041

Name: _____ Address: _____

Phone: _____ _____

Please circle: Mr Mrs Ms Dr Miss _____

Signature:

Payment by: ☐ Cheque ☐ Cash Amount: $ _____ Payment received: ☐ Y ☐ N

Card Type: ☐ Mastercard ☐ Visa ☐ Bankcard

Card Number:

Cardholder's name: _____

Cardholder's signature: _____ Expiry Date: ____ / ____