

Florida Wildlife Hospital & Sanctuary, Inc **Memorial Wall**

Date \_\_\_\_\_

Name \_\_\_\_\_

phone \_\_\_\_\_

Address \_\_\_\_\_

Name of Loved One Being Memorialized	Select One	Size	Cost	Color Code
_____	_____	1.5" x 3"	\$500	_____
_____	_____	2" x 4"	\$1000	_____

**Line One:** \_\_\_\_\_  
Name

**Line Two:** \_\_\_\_\_  
Other text

Color Code	Background Color	Text Color	Color Code	Background Color	Text Color
1	Bright Yellow	Black	6	Navy	White
2	Red	White	7	Green	White
3	Burgundy	White	8	Smoke grey	White
4	Purple	White	9	Black	White
5	Blue	White			



Send check to: Florida Wildlife Hospital  
4560 N. U.S. Highway 1  
Palm Shores, FL 32935