



MOORELAND MANSION

7800 Clocktower Drive Kirtland, OH 44094



Mooreland Rose Garden Memorial

PLEASE PRINT In memory of: _____ Relationship (optional) Or/ In honor of: Occasion (optional) Donor name: _____ Address: City/State/Zip: _____ Phone number: _____ Email: _____ Please send acknowledgment letter to: Name: City/State/Zip: \$40* ☐ Other *Minimum donation amount due to the cost of rose bushes. Please make your check payable to **The Lakeland Foundation** and note **Mooreland Rose Garden** Memorial in the memo. Mail with this form to: The Lakeland Foundation, 7700 Clocktower Drive, Kirtland, OH 44094. Scan the OR code to make a donation online. Office use only: ______ Date acknowledgment sent _____ Date of payment transfer to _____. Amount ____

_____ Date of Rose Memorial Book entry.