

Heartfelt Children's Memorial Brick Order Introduction

We are honored that you have chosen the Heartfelt Children's Memorial to host the memory of a child for all time.

New bricks are etched every Spring and are dedicated at the Heartfelt Children's Memorial Annual Remembrance which takes place on the Sunday of Memorial Day weekend. All are invited to join us to remember and celebrate the lives of our children, followed by refreshments and fellowship.

Please read the following information carefully before submitting your order form and payment.

How am I eligible for a brick?

Any child ranging from unborn to adulthood, who has one living parent when the child passed, may be remembered with one brick on the Children's Memorial walls.

- Multiple names on one brick are allowed.
- The Memorial bricks are designed for letters, spaces, dashes (-), slashes (/), and numbers only.
- Each line can accommodate 18 characters and spaces.
- The form and full payment must be received by March 1st. All bricks payments and forms received after this date will be etched the following year.
- A Memorial Brick consent proof will be sent to the parent for approval prior to etching.
- If being purchased by a donor:
 - Parents will receive an introductory letter with the brick size and suggested inscription. The parent will approve or edit the inscription to be etched on the brick.

Memorial Brick Order Forms and payment can be mailed and written to:

Heartfelt Inc. P.O. Box 201 Seward, NE 68434

If you have any questions, please reach out to us via email at heartfeltinc12@gmail.com or by phone at 402-803-1771.

Memorial Brick Order Form

Heartfelt
Seward, NE

				Brick Information															
I am:The ParentA DonorWould you like a tax deductible form?			4" x 8" 8" 8" x 8" 5125										Would you like to donate to the following?						
Parent Information Name:		Make checks payable to: Heartfelt Inc.						Six lines of text \$250				\$ General Fund \$ Angel Brick \$ Lifetime Plants							
Address.	Street	Inscr	iption	n <i>A</i>	proof	will b	e sent	to th	e pare	ent(s)	for fin	al app	proval	'. 					
	City / State / Zip																		
Email:																			
Donor Information																			
l wis	sh to remain anonymous to the family																		
	I wish to be contacted for a follow-up		Child's Full Name																
Address:	First / Last		Birth Date Angel Date																
Street		Special Instructions																	
	City / State / Zip																		
Email:																			
please	If more than one donor, e attach additional information on a separate page.																		

Address: P.O. Box 201, Seward, NE 68434 Web: HeartfeltSeward.org Email: HeartfeltInc12@gmail.com Phone: (402) 803-1771