

The SC Crime Victims' Memorial Garden Purchase Form

Name of Purchaser: _____

Address: _____

Telephone _____ Cell _____ email _____

I want to be notified of future events

Individual Brick: \$100 _____ # _____ Total: \$ _____

Decorative Bench: \$500

5 foot Ornamental Tree \$ / Market Value _____ Type of Tree: _____

Plaque / Market Value _____

Brick may be engraved with 2 lines / no more than 18 spaces per line:

First Line: Name of person or Entity _____

Second Line: Message / Dates _____

Crime Victim Status: Survivor Deceased

Nature of Crime: Check all that apply

Murder

CDV

Sexual Assault: Child Adult

Theft

Terrorism

Campus Crime

Vulnerable Adult

Elder Abuse

Human Trafficking

DUI: Injury Death

Child Abuse

Stalking /Harassment

Assault

Arson

Kidnapping

Carjacking

Home Invasion

Internet Crime

Identity Theft

Contributing /Delinquency of a Minor

Lewd Act on a Minor

Child Exploitation

Workplace Violence

Other

All Checks payable to: **Crime Victims' Memorial Garden**

Mail to: **1900 Broad River Road / Columbia, SC 29210**

Contact: **803 750 1200 / 803 413 5040/www.sccvc.org**

Email: **laurahudson@sccvc.org**