



To have a flower planted, please complete this information and use the options below for sending.

IN MEMORY OF _____

Name _____

Birth Date _____

Death Date _____

Residence _____

Children

Sibling or Friend

Spouse

Elders (parents, grandparents, aunts, uncles)

IN RECOGNITION OF A SURVIVOR OF HEALTHCARE HARM _____

Name _____

Birth Date _____

Residence _____

Children

Sibling or Friend

Spouse

Elders (parents, grandparents, aunts, uncles)

YOUR INFORMATION (OPTIONAL)

Your Name _____

Phone _____

Email _____

COMMENTS

Send your completed request to:

Becky Martins
P.O. Box 273
Warren, ME 04864

Email: voice4patients@aol.com
Phone: (207) 975-3475