

Date Received: \_\_\_\_\_

Date Posted: \_\_\_\_\_

## Will County Humane Society Memorial Page Application

In Memory of: \_\_\_\_\_

Photo included:      \_\_\_ Yes      \_\_\_ No

Your Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please send completed form along with photo and \$25.00\* check to:

**Will County Humane Society  
Attn: Memorial Page  
24109 Seil Rd.  
Shorewood, IL 60404**

\* \$25.00 fee is for one year. You will receive a reminder notice.  
Photos sent by mail will not be returned.