THE FIRST UNITED METHODIST CHURCH OF BOISE aka THE CATHEDRAL OF THE ROCKIES
RIGHT OF RESERVATION
FOR A MEMORIAL PLAQUE

THIS RIGHT TO RESERVE A MEMORIAL PLAQUE made and entered into this _____day of _____, 2021 , by and between FUMC, Boise, hereinafter referred to as the "Church" and _____, hereinafter referred to as "Purchaser".

WHEREAS, the Church has set aside a memorial wall within the Cana Memorial Columbarium and wall of plaques to memorialize individuals and as described in this Permit, and

WHEREAS, the Church has established a set of policies governing eligibility and use of the Cana Memorial Columbarium, and Purchaser is familiar with the content thereof, and the said policies are available at: www.cathedraloftherockies.com are incorporated as if fully set out herein, and Purchaser agrees to future changes in said policies may be made by the Church.

NOW THEREFORE, in consideration of the sum of $_____ paid to the Church by Purchaser, the parties covenant and agree with the other as follows:

1. The Church agrees to provide to Purchaser wall placement in the columbarium for the naming one or two person(s), provide a granite tile/plaque and to inscribed with the name(s) and birth year and death year.
2. Donations received above the purchase price in the amount of $_____are acknowledged and recorded.

Purchaser, please provide the information indicated below for the person(s) to be inscribed on the memorial plaque:

I. Name_____ Birth MDY_____
First Middle Last

Relationship to Purchaser: _____ *Death MDY_____
*May be supplied later

II. Name_____ Birth MDY_____
First Middle Last

Relationship to Purchaser: _____*Death MDY_____
*May be supplier later

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2. The Church, as beneficial owner, shall retain title to said property and grants hereby to Purchaser the right to the use of the Cana Memorial Columbarium in accordance with the policies and regulations referred to above.

IN WITNESS WHEREOF this Right of Plaque Reservation has been executed by all parties on the day first above written.

First United Methodist Church of Boise, ID

By: _____
Pastor Date

Purchaser:

_____
Name Phone

Address

_____
No Street

_____
City State Zip Code

Signature(s) _____

Signature(s) _____

Date _____

For Office Use Only
Section:_____Row:_____Column:_____
I. Date: _____
II. Date: _____

Amount Paid: _____
Date of Payment: _____
Check # (if applicable): _____
Other Payment Method: _____