

Your name(s) _____

1. Please check one:

_____ Full Page Design: _____

_____ Half Page Design: _____

_____ Listing

2. Please include my loved ones in the 2018 Book of Remembrance:

☐ Check Enclosed

☐ Credit Card Information (Please provide as CBS does not
maintain credit card numbers)

Bill my credit card: ☐ MC ☐ VISA ☐ Discover ☐ American Express

Credit Card # _____ Exp. Date ____/____/____ Sec. Code _____

Signature and Date