

GRAVESIDE CARE NZ- WHANGANUI



I agree that Graveside Care Whanganui,
will check and clean the headstone/memorial of.....

..... PLOT # until such a time as is agreed by
both the parties of this agreement or payment is ceased.

I am a friend/relative of the loved one. (Please circle)

Plan chosen: (Please circle)  LILY  JASMINE  MANUKA  KOWHAI

Regularity of Visits: (Please circle) *Monthly* *6 Monthly* *Annually* **1 Only**

Payment Options Below: (Please circle)

Payments for Regular Visits: *monthly payments* *½ yearly payments* *annual payment*

NB: 1 Only Visits = 1 payment only, 6 monthly visits = 2 payments only

Visits will commence on receipt of the payments.

Your contact details:

Name:

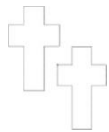
Address:

Phone:

Email:

Signed: Date:

Graveside Care copy



GRAVESIDE CARE WHANGANUI

Headstone/Memorial of:

Plan chosen: (Please circle) LILY JASMINE MANUKA KOWHAI

Regularity of Visits: (Please circle) *Monthly* *6 Monthly* *Annually* **1 Only**

Payment Options Below: (Please circle)

Payments for Regular Visits: *Monthly payments* *½ Yearly payments* *Annual payment*

NB: 1 only Visit = 1 payment only, 6 monthly Visits = 2 payments only

Visits will commence on receipt of the payment. Thank you.

Wendy Allwright & Tracey Eades, RD 4, Whanganui. Phone 021212 4212 NZ

Email: Gravesidecarewgi@gmail.com

Customer copy

Bank Account Details – ANZ 01-0790-0331356-00

