



We Provide the Tools to Build Strong Futures

TriCircle MEMORIAL QUILT

SQUARE MAKER(S) INFORMATION FORM

(please print)

Name:

Street:

City:

State:

Zip:

Email:

Phone:

The person I made the square for:

Name:

Their relationship to you:

Dates on panel:

City and State of Residence:

Tell us about your loved one:

Please send a photo along with this form or attach a pdf/png file if emailing

I am willing to be contacted by media who are interested in my story or my square:

Yes

No

I acknowledge that TriCircle is the owner of this square and any accompanying documents I submit, and I assign TriCircle any right, title and interest I may have in such submission

Signed _____

Date _____