

office (412) 681-4222.

## **Memorial Alcove**

First United Methodist Church of Pittsburgh

## Request for a Nameplate

To be mounted on the plaque in the Memorial Alcove in recognition of members of the family of First United Methodist Church of Pittsburgh whose participation through the years we remember with thanksgiving.

I/We would like to purchase a nameplate in memory of:				
(Name as it should appe	ear on the nam	neplate)		
Date of birth:	Date of death:			
Dates of membership a	t First United l	Methodist Chu	rch (if known):	
	cost of the nam cove.	neplate and sub	o First United Methodist Chu sequent costs for maintenand	
Address:				
Phone Number:	/	/	(Home) (Other)	
Email:				
Signature :			Oate:	
•	0	-	interment in the Memorial C	