

National Organization of Parents Of Murdered Children, Inc. (POMC)®

Memorial Book Page Order Form

Your Name: _____

Address: _____

City/State/Zip: _____

Home phone: _____ Cell: _____ E-mail: _____

Donation: **\$20.00** - 1 page (front & back) w/o photo or **\$30.00** - 1 page (front & back) w/wallet-size photo

Total Amount Paid: \$ _____ Photo Enclosed: Yes No

Payment Method: Make checks or Money Order payable to **POMC**

Check Money Order Visa MC Discover AMX

Account #: _____ Expiration Date: _____

Signature on Card: _____

◆ ◆ ◆ ◆ ◆ Please Type or Print Clearly ◆ ◆ ◆ ◆ ◆

Loved One's Name (include Nickname): _____

Date of Birth: _____ Date of Death: _____ Age at Death: _____

If known, on which panel of the Murder Wall does your loved one's name appear? _____

City & State where murder occurred: _____

Hometown: _____

Attach 1st page to this form relating loved one's personal information (500 words or less): Provide personal facts about your loved one, what kind of person they were, hobbies or activities they enjoyed, their educational background, their profession, their future plans. If the person was a young child, did they have a favorite toy, game or story, their favorite foods, pets, etc.

Attach 2nd page to this form describing the circumstances of their murder (250 words or less): Please be sure to state whether the case is solved or unsolved; the name(s) of the murderer(s) and whether he/she was convicted and what their sentence was, and whether or not the person was a repeat offender. It is important to mention the status of the killer (still in prison/out on parole). If they were released, how much time was served.

Please return completed form, front & back story, photo and donation to:

Parents Of Murdered Children, Inc. • 635 West 7th Street, Suite 104 • Cincinnati, OH 45203
Phone: (513) 721-5683 • Toll Free: (888) 818-7662 • Fax: (513) 345-4489 • E-mail: natlpomc@pomc.org