



# LOVE IS A ROSE - Memory & Friendship Rose Order Form

Give a **Friendship Rose** to honor a birthday, anniversary, or other special occasion.

Give a **Memory Roses** in tribute to the memory of a relative or special friend.

### Your Donation is Tax Deductible

Proud stewards of the Laura Conyers Smith Municipal Rose Garden  
in Jacob L. Loose Memorial Park, Kansas City, Missouri

www.kansascityrosesociety.org

Please make your check payable to  
**Kansas City Rose Society**  
& return with this completed  
form by U.S. Mail, to:

**Kansas City Rose Society**  
**c/o Mrs. Sandy Campuzano**  
**8219 Reeds Lane**  
**Prairie Village, KS 66208**

### Your Donation Will Help Us Purchase

|             |                   |
|-------------|-------------------|
| ___ \$30    | One rose bush     |
| ___ \$50    | Two rose bushes   |
| ___ \$75    | Three rose bushes |
| ___ \$125   | One-quarter bed   |
| ___ \$250   | One-half bed      |
| ___ \$500   | One full bed      |
| ___ \$5,000 | A perpetual bed   |

**Questions regarding this or other donations?** Contact Sandy Campuzano: [svcampuzano@gmail.com](mailto:svcampuzano@gmail.com) | 913-381-5915

- A card will be sent to the person you have requested be notified about your gift donation.
- Due to park regulations, no signage can be placed in the garden to designate your rose bushes. However, you may take pleasure in knowing that your donation has enhanced the Rose Garden for all to enjoy!

Please Print clearly.

\_\_\_ **MEMORY ROSE** \_\_\_ **FRIENDSHIP ROSE**

In memory or friendship of: \_\_\_\_\_

What is the occasion? \_\_\_\_\_

**Please notify:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Donated by:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_