Wiregrass Angel House
National Day of Remembrance
VICTIM'S TESTIMONY

PLEASE PRINT THE FOLLOWING INFORMATION:

YOUR NAME AND ADDRESS:

Name: _____

Address: _____

City/State/Zip: _____

YOUR RELATIONSHIP TO VICTIM: _____

IN MEMORY OF _____ WHO WAS
(NAME OF VICTIM)

_____MURDERED_____ON _____.
(DAY/MONTH/YEAR)

BRIEF MEMORIAL OR TRIBUTE STATEMENT YOU WOULD LIKE TO HAVE ADDED IN THE TESTIMONIAL BOOKLET:

_____

_____

_____

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PLEASE RETURN THIS FORM TO:
Wiregrass Angel House
(334) 702-7014 fax
wiregrassangelhouse@ymail.com

DEADLINE: August 16, 2019