| RECIPE | | × Z |
|---------------------|--|----------|
| From the kitchen of | | <u>*</u> |
| Ingredients 🛅 | | |
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| Directions | | |
| DIT CCTIONS | | |
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| | | |
| Notes | | |
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Remembrance Cookbook

Recipe Submission Form

| • | Your Name | | | |
|--------|--------------------------|--------------------|------------------|-----------------------|
| • | Street Address | | _ City | State Zip |
| • | Phone Number | Em | ail | |
| • | Name of Loved One | | D/O/B | D/O/D |
| • | Brief paragraph about re | ecipe or loved one | | |
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| l, | | _ authorize Worce | ster County Memo | rial Park to use this |
| submi | ssion form with my perm | ission. | | |
| Signat | ure | | | |
| | | | | |