***AVRO SUPPORTED MEMORIAL BOOK ENTRY REQUEST FORM***

***In Memory of***

**Name**

**………………………………………………………………………………………….**

**Member company name (if desired)…………………………………………………**

**Date of birth (if known)…………….…… Passed away on (date)………………………**

Any individual inscription you request to be inserted in the book (two lines only please).

If you would like to include a photograph, please either enclose it with this form or e-mail a copy to sara@avrouk.com

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Please supply your name and full telephone number in case of any query

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Please return this completed form to AVRO Head Office at the address above.