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Cost: \$30 for 1 page without a photo or \$40 for 1 page with a photo:

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Honoree's Name: _____

Date of Birth: ___/___/___ Date of Death: ___/___/___ Age of Death: _____

Attach one page to this form relating to loved ones or personal story (250 words or less). Please provide personal facts about the victim, what kind of person they were or share a poem of your celebration of life, hobbies or activities they enjoyed, their educational background, their profession, their future plans or express how you feel about surviving and overcoming your trauma. If honoring a young child consider describing the child's favorite toy, game or story, pet and so on. Share your journey and pride the love one has for you now as you continue to self-define yourself as a survivor. **USE WORD; SINGLE SPACE; 12 PT FONT. IF TYPED IN WORD.**

PLEASE NOTE: Completed forms with story, photos and payment to: CAFY; P. O. Box 4419; Capitol Heights, MD 20791 or submission can be made via email to Snapshot@cafyonline.org.