

Request Form for memory boxes



Please fill out the form below and email to:
emerikuslandfoundation@gmail.com

Hospital Name : _____

Address : _____

Contact Person : _____

Phone: _____

Where the boxes should be sent to & attention to: _____

Number of Girls Memory Boxes: _____

Number of Boys Memory Boxes: _____

Number of Neutral Memory Boxes: _____

Number of Twin Memory Boxes: _____

(Please specify: Boy/Girl | Girl | Boy)

How did you hear about us: _____

All of our memory boxes are made with love & donated in memory of baby's forever sleeping. Items have been carefully picked for our boxes for memory creation & to give positive memories.

Thank you for your request we will be back in touch with you as soon as possible.

Emerikus Land Foundation