



Central New Mexico Community College

Request for Campus Memorial Plaque

Requestor's Name _____

Address _____
Street City State Zip

Phone (work) _____ (home) _____

Name of Honoree (as you wish it to appear) _____

Requestor's Signature

Date

Please make check for \$25 payable to the CNM Foundation Campus Memorial Fund.

Submit form to:

Communication Officer,
CNM Public Information Office
525 Buena Vista SE
Albuquerque, NM 87106

Or fax to:

505-224-4417