

Volunteer Certificate



_____ name

performed volunteer services

from _____ to _____
time time

Date: _____
date

Email Address: graveconcernsassociation@gmail.com
Mailing Address: PO Box 88249, Steilacoom, WA 98388

Our Mission:
To restore,
enhance and
maintain the
Western
State Hospital
Cemetery

Facebook: @GraveConcerns

Volunteer Certificate



_____ name

performed volunteer services

from _____ to _____
time time

Date: _____
date

Email Address: graveconcernsassociation@gmail.com
Mailing Address: PO Box 88249, Steilacoom, WA 98388

Our Mission:
To restore,
enhance and
maintain the
Western
State Hospital
Cemetery

Facebook: @GraveConcerns