



The Memorial of Perpetual Tears

New Mexico National DWI Victims' Memorial



Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Organization *(if applicable)* _____

I would like to join the Memorial of Perpetual Tears as the following: *(Please select all that apply)*

- Member Volunteer Donor
- Receive information and updates
- Register a victim (see below)

Register a victim of DWI to the NM DWI Memorial Wall

Name _____

Your relationship to victim _____

killed or injured Date _____

(Please use a new card for each victim. Information for Memorial use only)

Memorial of Perpetual Tears
NM National DWI Victims' Memorial
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www.dwimemorialofperpetualtears.org