

## VMC MEMORIAL BRICK PROGRAM

DATE ORDER SUBMITTED: \_\_\_\_\_  
 NAME: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SPECIFIC LOCATION ON PLAZA:** \_\_\_\_\_ . **IF YOU DESIRE A SPECIFIC BRICK, PROVIDE SPECIFIC DIRECTIONS** \_\_\_\_\_  
**OR A PHOTO WITH AN ITEM ON THE EXACT BRICK. PHOTO PROVIDED?** \_\_\_\_\_.

**SAMPLE:**

I	N		M	E	M	O	R	Y		O	F
J	O	H	N		W		D	O	E		
U	S	N		R	E	T		W	W	I	I

**4" x 8" BRICK \$125.00**

Please **CLEARLY** print the info for the brick. Limited to 12 letters per line, with spaces.


**8" X 8" BRICK \$200.00**

Please **CLEARLY** print the info for the brick. Limited to 12 letters per line, with spaces.


**Forms of Payment Accepted: Check, Cash, Debit or Credit Card**

**MAKE CHECKS PAYABLE TO: VETERANS MEMORIAL CENTER.**

VMC Staff Name Accepting the Order: \_\_\_\_\_

CHECK #: \_\_\_\_\_ CHECK \$Amount: \_\_\_\_\_ CASH/DEBIT/CREDIT AMOUNT: \$ \_\_\_\_\_

MAKE 3 COPIES FOR: 1- BUYER, 2- VMC TREASURER + CHECK/CREDIT, 3- PROGRAM FILES

Date Sent to CSPRAY: \_\_\_\_\_ Sender: \_\_\_\_\_