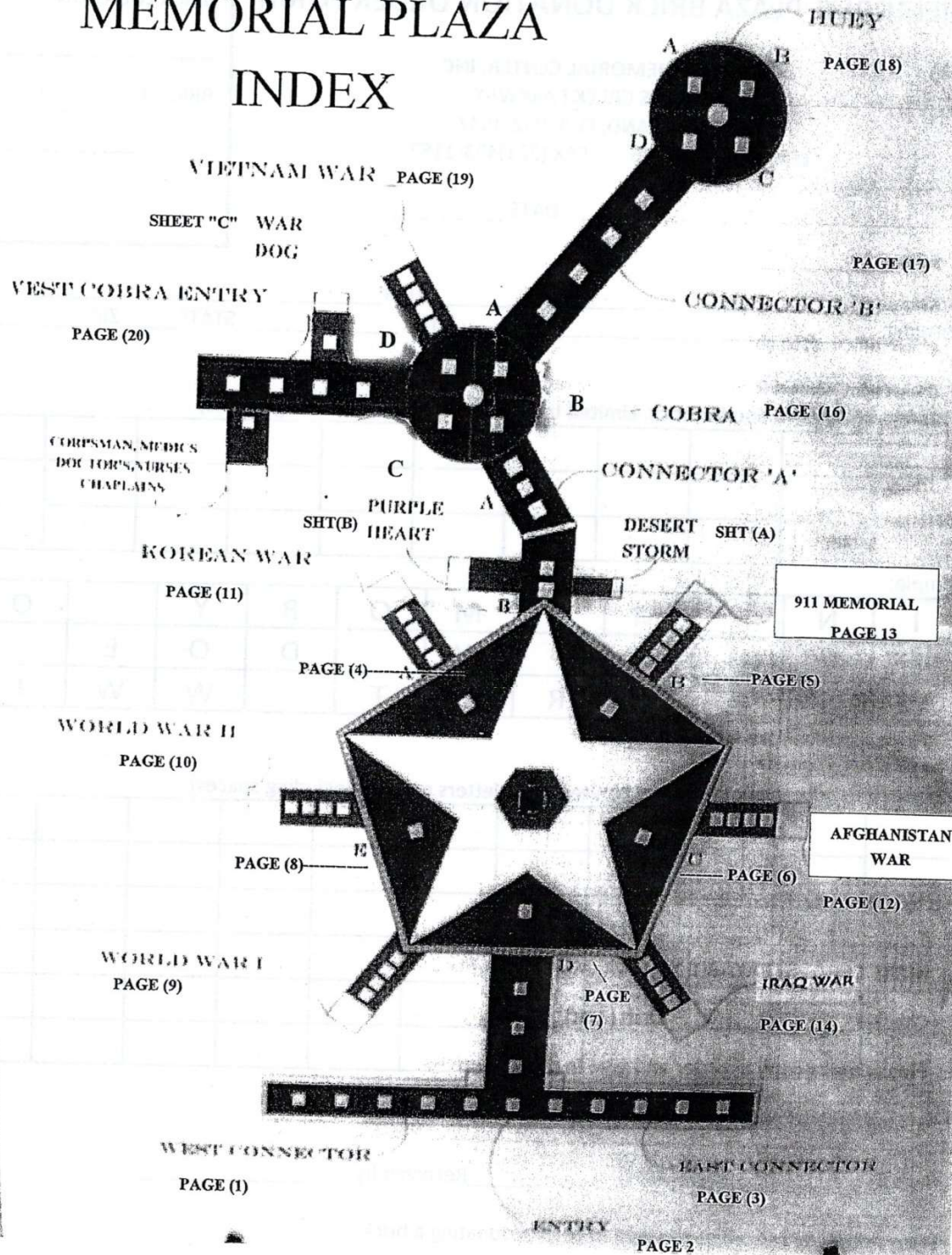


MEMORIAL PLAZA INDEX



BVMC 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: BREVARD VETERANS MEMORIAL CENTER.

After installation, find your brick at bricks.veteransmemorialcenter.org

BVMC Staff Name Accepting the Order: _____

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

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

Date Sent to CSPRAY: _____ Sender: _____