AC Veterans Memorial

Donor Brick Form

Fundraising $150,000 for Veterans Memorial.

DONOR INFORMATION

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

PAYMENT INFORMATION

☐ **Check** *(payable to Adam to County Community Foundation)*

☐ **Credit Card** *(Visa, MasterCard, Discover)* _____

Card #: _____

Exp. Date: _____ / _____

CVV: _____

Signature: _____

BRICK SELECTION

☐ **4x8 Brick : $125** - Holds up to 3 lines, 15 characters per line.

☐ **8x8 Brick : $250** - Holds up to 6 lines, 15 characters per line.

Return Completed Form To:

AC Veterans Memorial
7405 Cinereal Ct
Roanoke, IN 46783

SAMPLE ENGRAVING:

LINE 1:		
LINE 2:		
LINE 3:		
LINE 4: (8x8 only)		
LINE 5: (8x8 only)		
LINE 6: (8x8 only)		