VETERANS MEMORIAL

HIGHLAND COUNTY

BRICK ORDER FORM/DONATION FORM

Print the information in the boxes below exactly as you want your brick to appear. Be sure to leave a
blank box between words. Each line accommodates 13 characters, including blank boxes and
punctuation (commas, periods, hyphens). If ordering more than one brick, please photocopy this form
or use a separate sheet of paper. Donations to help with the cost of maintaining the memorial are also
appreciated.
LINE 1: Name of Veteran (If name is more than 14 characters, you may use Line 1 & Line 2 for the Name)
LINE 2 Branch of Service (or name—See Line 1)
Line 3: Years of Service (If Years of service are unknown, you may list the name of the War or Conflict)
Ordered by:
Name:
Address:
City/State/Zip:
Phone:
Number of Paver(s) x\$100 each=\$

Additional Donation \$____ (Optional)