TALES OF CAPE COD / OLDE COLONIAL COURTHOUSE 2024 BRICK CAMPAIGN

We are fundraising for Tales of Cape Cod's new ADA-accessible entrance, ramp and sidewalk, whose installation marks the 250th anniversary of Cape Cod's 1774 revolution, "Body of the People." Celebrate with us by personalizing one 4 x 8" engraved brick for **$75** or customize two for **$120**.

YES! We'd like to reserve a permanent brick(s). Please engrave our brick(s) as follows:

All text is centered and in ALL-CAPS.
Inscriptions may be up to 4 lines, with up to 21 characters per line.
Each keyboard character (letter, number, symbol or space) Is considered one space.

4x8 Brick

4x8 Brick

Example

S	U	S	A	N		A	N	D		G	E	N	E		G	U	I	L	L	
A	R	E		M	A	K	I	N	G		H	I	S	T	O	R	Y		A	T
		T	A	L	E	S		O	F		C	A	P	E		C	O	D		
								2	0	2	4									

Please download, print & mail this form and payment (check or credit card) to:
Use Page 2 for credit card information

Tales of Cape Cod Brick Campaign
P.O. Box 41
Barnstable, MA 02630

Name: _____ Phone: _____ _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Amount Paid: _____

ORDER FORMS AND PAYMENT MUST BE RECEIVED BY FRIDAY, AUGUST 16, 2024.
Questions? Please email Bronwen Walsh at: bronwenio@gmail.com.
Thank you for your continued support!

Sign and complete this form to authorize Tales of Cape Cod to make a one-time charge to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction and does not provide authorization for any additional unrelated debts or credits to your account.

I _____authorize Tales of Cape Cod to charge my credit card indicated below

for $ _____on _____ (date).

❑   One Brick-$75   ❑Two Bricks-$120

Billing Details

Billing Address _____ Phone # _____

City, State, Zip _____

Email _____

Credit Card Information

❑ Visa   ❑ Master Card   ❑AMEX   ❑ Discover

Cardholder's Name _____

Credit Card Number _____-_____-_____-_____

Expiration Date _____/_____

Security Code (CVV) _____

Before signing this document, verify that the content you are signing is correct.

X
_____