***MEMORY WALKWAY BRICK***

ORDER FORM

*We are honored to place your brick on the Museum’s Memory Walkway.*

*Thank you for your support in this special way.*

**For Museum Use: Date Ordered \_\_\_\_\_ Amt $\_\_\_\_\_ Cash\_\_ Ck# \_\_\_\_\_**

**Date Brick Received\_\_\_\_\_\_\_\_\_\_\_\_\_ LOCATION: ROW # \_\_\_\_\_\_\_**

**COMPLETE ORDER INFORMATION BELOW**

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City / State / Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRICE **PER BRICK**: $50 Brick Size: 4”x 8”

Three lines of text with no more than 11 characters per line (**spaces and punctuation** **count in the character count**). Only 3 lines per brick.

BRICK ONE

|  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

BRICK TWO

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
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Make check payable to: HSFM Mail to: PO Box 1021, Ft. Meade, FL 33841

Call 863/285-7474 or email museumfm@gmail.com with any questions or concerns.