

MEMORIAL BRICK APPLICATION

Name (No Rank) * * * * *
Branch: * * * * *
Service Years * * * * *

Veteran's Name _____

Branch of Service United States:

Air Force ___ Army ___ Marines ___ Navy ___ Coast Guard ___

Date of Service (If Known) _____ to _____

WWI ___ WWII ___ Korea ___ Vietnam ___ Other _____

Honorably Discharged Yes ___ No ___

Order Placed By: _____

Address: _____

City: _____

Zip: _____

Phone: (Home) _____ (Work) _____

\$50.00 each _____ Donation: _____

Total Amount of sale: _____ Total Amount Donation: _____

Check: _____ Check No. _____

Cash: _____ Amount: _____

Receipt No: _____

Table with 3 columns: JAMES R. ROBINSON USN 1958-1983, ALVIN CARMANY USA 1944-1946, DONALD C. CHADWICK USN 1955-1973

Signature of person placing order: _____

Committee Member Signature: _____

Only one brick will be sold per veteran/name no duplicate names please.
Only, the Name, Branch, Year of Service will appear on bricks.
Honorably Discharged Veteran Only
Size and Color of Brick may vary due to manufacture.
Committee members reserve the right to make decisions for all bricks, this is done in the best interest of the Veteran's Memorial.

**Signature on form indicates your approval of terms and agreements. [Signature] Chairman