



### 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 250<sup>th</sup> 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 Tuesday MAR 31, 2026**

Questions? Please email Ann Canedy at: [acanedy@comcast.net](mailto:acanedy@comcast.net)

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