Veterans Memorial

4" x 8" Engraved Brick Order Form

IN LITCHFIELD

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Donor Name:								
Address:					### W.V.L			
City, State, ZIP:								
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Please make checks payable to: CITY	***************************************					William and to the Wall		
Note Veterans Memorial Fund on ch	<u>ieck.</u>							
Mail to: City of Litchfield, Veterans N	⁄lemori	al, PO	Box 2	236, L	itchfi	eld, N	4l 492	:52
Questions? Please contact the Litchfie	eld Cit	v Offic	e at (5	51 <i>7</i>) 5	42-29	921		
brick, 15 characters per line (including pun common punctuation marks or Donation for each Use one o	nly. All $4''$)	engrav x 8″	ed lett bric	ers wi :k is	ll be u	ipperc	ase.	
Order accuracy depends on you. Plea punctuation mark in each box. Leave be inscription will be aut	ise PRIN oxes em	NT clea opty to	rly and indica	l place te spae	ces be	tween		
Office Use Only: Donor Payment Information	Use C	nly: O	rder / I	Brick N	lumbe	ŗ		