



CANINE COMMONS BRICK MEMORIAL ORDER FORM

PERSONAL INFORMATION

Purchaser's Information:

Name _____

Address _____

City, State, Zip _____

Primary Phone _____

Email Address _____

Send a gift letter to (if applicable):

Name _____

Address _____

City, State, Zip _____

SAMPLE PHOTOS



SYMBOLS take up 4 spaces each. If you choose a symbol, you must reserve 4 spaces.

SYMBOLS include:

Dog



Puppy



Paws



Heart



Paw



MESSAGE

Print (or type), one letter per spot

Spaces and punctuation marks count as one space. **SYMBOLS count as 4 spaces.**

Maximum of 3 lines, 16 spaces per line

PAYMENT

Cash or Credit Card (in person only)

Price: \$100

Please complete this form and send to:

Check Check # _____
(Note: \$20 fee for returned checks)

Gift Certificate \$ _____

Mailing Address:

Arlington Heights Park District
Attn: Memorial Donation Dpt.
410 N. Arlington Heights Rd.
Arlington Heights, IL 60004

Email: memorial@ahpd.org