



NORTH SCHOOL PARK 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 _____

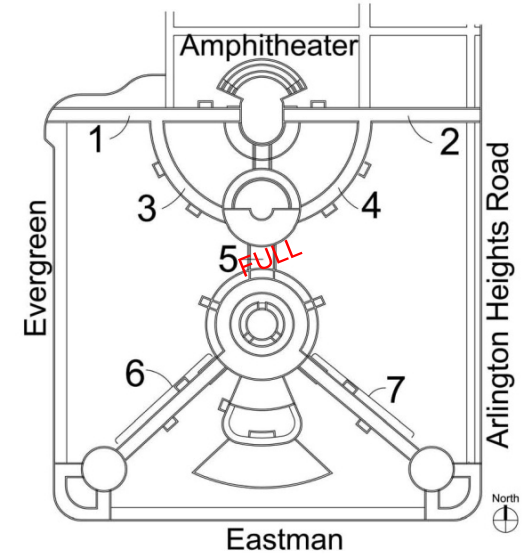
SAMPLE PHOTO



LOCATION

Please install brick in Section
 (circle one):

1 2 3 4 X 6 7



BRICK PLACEMENT

Please indicate which section on the map to the right.
 Circle: 1 3 4 2 6 7 (center 5 is not available)

MESSAGE

Print (or type), one letter per spot
 Spaces and punctuation marks count as one letter
 Maximum of 3 lines, 15 letters per line

PAYMENT

Price: \$100 for individuals, \$170 for business

Please complete this form
 and send to:

Mailing Address:

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

Email: memorial@ahpd.org

Cash (in person only)

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

Gift Certificate \$ _____

Visa Mastercard Discover

All credit cards are in person ONLY.