



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 _____

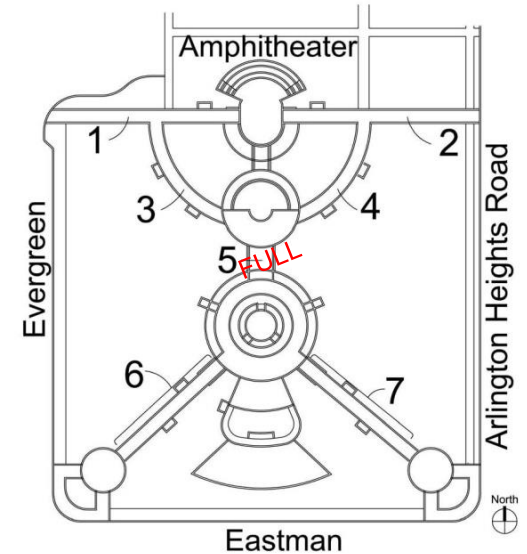
SAMPLE PHOTO



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: SYMBOLS TAKE UP 4 SPACES

Print (or type), one letter per spot- Spaces and punctuation marks count as one letter. Symbols take four spaces.
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 or Credit Card (in person only)

Check Check # _____

(Note: \$20 fee for returned checks)

Gift Certificate \$ _____