

MEMORIAL OR IN HONOR OF  
BRICK \$50.00

Contributor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

NAME ON OR BRICK(3 lines 15 spaces / line)

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VETERANS COMMEMORATIVE BRICK

BRICK \$50.00

NAME ON BRICK  
(3 lines 15 spaces / line)

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Contributor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

\*\*\*\*\*

Date \_\_\_\_\_

MAKE CHECKS PAYABLE TO SCHS

Send these forms to:

Shanes Crossing Historical Society

P.O. Box 282

Rockford OH 45882-0092

Thank You for your support!