



# 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 \_\_\_\_\_

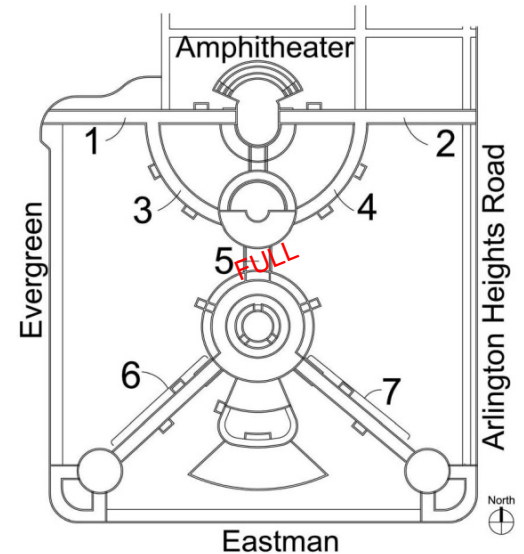
## SAMPLE PHOTO



## 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

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## 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](mailto:memorial@ahpd.org)

Cash or Credit Card (in person only)

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

Gift Certificate \$ \_\_\_\_\_