

Office use
Ck rec'd _____
Ordered _____
Akn ltr _____
Install _____

**MASURY REMEMBRANCE GARDEN
BRICK ORDER FORM**

MINIMUM DONATION: \$50.00 PER BRICK

(NO MORE THAN 14 SPACES OR LETTERS PER LINE)

LINE 1: 1 2 3 4 5 6 7 8 9 10 11 12 13 14

LINE 2: 1 2 3 4 5 6 7 8 9 10 11 12 13 14

LINE 3: 1 2 3 4 5 6 7 8 9 10 11 12 13 14

IS BRICK TO HONOR _____ OR TO MEMORIALIZE _____

NAME (MAKING DONATION) _____

ADDRESS _____

PHONE NUMBER _____

NAME (SEND ADDITIONAL ACKNOWLEDGEMENT TO NEXT OF KIN)

ADDRESS _____

DONATIONS TO:

THE MASURY ESTATE BALLROOM RESTORATION FUND
(A 501C3 ORGANIZATION) ARE TAX DEDUCTABLE

MAIL TO: THE MASURY ESTATE BALLROOM RESTORATION FUND
P.O. BOX 299>>>CENTER MORICHES>>>NEW YORK>>>11934
(631) 878-6373