



Memorial Bricks

Order Form

To order a memorial brick for a resident or former resident of the Town of Paris, please fill in the following form.

If Applicable, Indicate Group:

(For Military - Name, Rank, Branch of Service) _____

Examples of how the bricks will look with either 1, 2 or 3 lines of copy are shown below. All are the same price per brick.

Return your order with a check for \$50.00 for each brick, made out to "Town of Paris".

Placement of bricks at discretion of committee.

Mail Check to:

**Town of Paris
16607 Burlington Road
Union Grove, WI 53182**

Please call one of the committee members if you need additional information:

Joan Murphy 262-914-3855 Cheryl Poisl 262-859-2591 Marylln Zirbel: 262-857-2417

SAMPLE -1 LINE: JACK TAYLOR

SAMPLE -2 LINE: JACK
TAYLOR

SAMPLE -2 LINE: JACK
TAYLOR
FAMILY

**PRINT WITH EACH LETTER, SPACE, OR PUNCTUATION IN A SEPARATE BOX AND CENTER IF DESIRED.
THE NUMBER OF LETTERS PER LINE IS LIMITED TO THE BOXES SHOWN (13 ACROSS).**

FORM:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please include a description of the person/ family life in Paris to be included in the Town's anthology.

Ordered By: _____ **Email:** _____

Address: _____

Phone: _____ **Date Paid:** _____