

Memory/Honor Bricks for Pro-Life Monument

Name _____

Address _____

Phone _____

City, State _____, _____ Zip _____

PLEASE CLEARLY PRINT INFORMATION (PLEASE NOTE-THE INFORMATION YOU PRINT ON THIS FORM CANNOT BE CHANGED. BE SURE TO PRINT EXACTLY WHAT YOU WANT. DOUBLE CHECK FORM.)

UP TO 3 LINES PER BRICK

EACH LINE MAY BE 13 CHARACTERS (INCLUDING SPACES)

LINE 1

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LINE 2

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LINE 3

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PAID CASH _____ CHECK # _____

Completed form with payment may be placed in offertory basket