

**HEALTH SERVICES AUXILIARY
P.O. Box 406
DuPont, WA 98327-0406**

MEMORY LANE ORDER FORM

Each brick may be inscribed with up to 3 lines. Each line may be 20 characters including spaces between words.

The cost is:

\$35 for 1 line; \$37.50 for 2 lines; \$40.00 for 3 lines

Inscribe the brick as follows (PLEASE PRINT)

Line 1 _____

Line 2 _____

Line 3 _____

Ordered by:

Name _____

Street Address _____

City, State, Zip _____

Phone _____ Email _____

You will receive a certificate for display showing the message on the brick.
If you want the certificate sent to someone other than the person ordering the brick,
please print the name and address below.

Name _____

Street Address _____

City, State, Zip _____

Please enclose full payment and mail this form with a check to:

**Health Services Auxiliary
P.O. Box 406
DuPont, WA 98327-0406
ATTN: Memory Lane Project**