



## **Veteran Park Brick Request Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Each 8 x 8 Brick allows for 6 lines - up to 14 characters each line**

Line 1 (First Name) \_\_\_\_\_

Line 2 (Last Name) \_\_\_\_\_

Line 3 (Branch of Service) \_\_\_\_\_

Line 4 (Years of Service) \_\_\_\_\_

Line 5 \_\_\_\_\_

Line 6 \_\_\_\_\_

Please send your completed form and payment of \$100 to:

New Era Chamber of Commerce

c/o Heather Phares

PO BOX 36

New Era, MI 49446