

Commemorative Brick Order Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Cell Phone: () _____

E-mail: _____

Size of brick to be purchased:

_____	4"X 8"	brick with 3 lines of text.....	\$150.00
_____	8"X 8"	brick with 5 lines of text.....	\$300.00
_____	16"X 16"	brick with 5 lines of text.....	\$1,000.00

Total Amount Due: \$ _____

In capital letters, please print your message with one letter per space.

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My/Our total gift amount will be paid as indicated:

- A check or money order payable to the State of Michigan
- A credit card charged to:
Card # _____
Expiration Date: _____
Name on Card: _____

I would like my donation to go towards:

- Playground Equipment
- ADA Improvements

Additional notes or requests: _____

Below this line for DNR use

Receipt Number: _____ Authorization/Check Number: _____