

COMMEMORATIVE BRICK ORDER

Name: _____ Date: _____

(Maximum of three lines with 16 characters per line-includes spaces)

1st line _____

2nd line _____

3rd line _____

Signed: _____ Phone: _____

\$50.00 Payment received: _____ Check #: _____ Credit Card: _____ Online
Store: _____

Ordered: _____ Received: _____ Mounted: _____

Contact Information: Barbara Lilley, Director of Parent Relations
blilley@lareina.com or call 805-917-7112