



## MEMORIAL BRICK ORDER FORM

Child's Name: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Phone: \_\_\_\_\_

A Certificate of Recognition will be sent to the child's parents, informing them of your generous gift. If you wish to remain anonymous, please check the box below and fill out the Donor information.

\*All information above is required in order to send this Certificate

I wish to remain anonymous.

Donor's Name: \_\_\_\_\_

Donor's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Donor's Phone: \_\_\_\_\_

Donor's Email: \_\_\_\_\_

A donation acknowledgment letter will be mailed to you for tax purposes.

\*All information above is required in order to send this letter

**SMALL Memorial Brick            \$100**

Using the lines, below, type the information you would like to have engraved on your child's Memorial Brick. Type in UPPERCASE letters only. 1 to 3 lines allowed. 15 characters per line. A space counts as a character.

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**LARGE Memorial Brick            \$175**

Using the lines, below, type the information you would like to have engraved on your child's Memorial Brick. Type in UPPERCASE letters only. 1 to 6 lines allowed. 15 characters per line. A space counts as a character.

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**RETURN COMPLETED FORMS WITH PAYMENT TO:**

Angels of Hope, Inc., NFP,  
914 Springhill Dr  
Coal City, IL 60416