



MEMORIAL BRICK ORDER FORM

Personalize Your Brick

**VETERANS
WELCOME HOME
RESOURCE
CENTER**

**EACH BRICK HAS UP TO 4 LINES
21 CHATACTERS PER LINE**

**PERSONALIZED TEXT IS
UPPERCASE AND WILL BE
CENTERED AUTOMATICALLY**

Line 1: _____

Line 2: _____

Line 3: _____

Line 4: _____

Contact Information

Name: _____

Email: _____ **Phone #:** _____

Address: _____

Credit Card #: _____ **Check #:** _____

Epiration Date: _____ **CVV:** _____ **Zip Code:** _____

**For Any Questions Contact Lourdes Skeete-Dennis
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