

One Line \$ 75 Two Lines \$100 Three Lines \$125

Yes, we'd like to reserve an engraved brick. Please engrave our brick as follows:

ANY SYMBOL IS CONSIDERED ONE SPACE (PERIOD, COMMA, DASH) ALL TEXT IS CENTERED UNLESS OTHERWISE NOTED

| 4 | х | 8 | Brick |
|---|---|---|-------|
|   |   |   |       |

## **EXAMPLE**

| G | О |   | N | E | W | T | Ο | N |   | Н | I | G | Н |   | L | I | Ο | N | S |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| S | T | A | T | E |   | С | Н | A | M | P | Ι | О | N | S |   |   |   |   |   |  |
| 2 | 0 | 0 | 2 | , |   | 2 | 0 | 0 | 3 | , |   | 2 | 0 | 0 | 4 |   |   |   |   |  |

## PLEASE USE A SEPARATE FORM FOR EACH BRICK ORDER – PHOTOCOPIES ACCEPTABLE PLEASE RETURN THIS FORM AND YOUR CHECK PAYABLE TO:

7<sup>th</sup> Street Theatre Association PO Box 777 Hoguiam, Washington 98550

|                                     | moquiam, washington 900         | 00                                    |
|-------------------------------------|---------------------------------|---------------------------------------|
| Name:                               | Phone: (                        | )                                     |
| Address:                            |                                 | · · · · · · · · · · · · · · · · · · · |
| City:                               |                                 |                                       |
| Email Address:                      |                                 | _ Amount Paid:                        |
| I'd like to make an additional dona | tion to this project in the amo | unt of \$                             |

Please note: the engraver will wait until we have several orders prior to engraving a batch of bricks.

If you have any questions, please call the Theatre at 360 537-7400