City of Statham

Veterans Memorial Park

Name _____

Address _____ City _____ State ____ Zip _____

Phone Number(s) _____

Email Address _____

Please print one character (letter, number, punctuation mark, or space) per box.
ONE FORM PER BRICK

4" x 8" brick - $30.00 each

8" x 8" brick - $100.00 each

Example of how to enter:

J	**O**	**H**	**N**		**S**	**M**	**I**	**T**	**H**								
U	**.**	**S**	**.**		**A**	**R**	**M**	**Y**									
W	**O**	**R**	**L**	**D**		**W**	**A**	**R**		**I**	**I**						

Make check payable to: **City of Statham**
P. O. Box 28
Statham, GA 30666

God Bless America