

# Scio Veterans Memorial Application for a Memorial Brick

## Service Member's information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Theater of Service: \_\_\_\_\_

## Desired Inscription (3 lines per brick, 22 characters per line):

Note: The inscription will be centered automatically on the brick.


## Purchaser Information (Commemorative brick \$50.00)

Purchaser's First name \_\_\_\_\_

Purchaser's Last Name \_\_\_\_\_

Purchaser's Mailing Address \_\_\_\_\_

Purchaser's City/State/Zip \_\_\_\_\_

Method of Payment (Cash/Check/Visa/MC) \_\_\_\_\_

Contact info: Phone \_\_\_\_\_ Email: \_\_\_\_\_

## Scio Veterans Memorial

PO Box 37, Scio, OR 97374  
Contact telephone number (503) 394-3342

Thank you for your support