

Date _____

BRICK ORDER FORM

Donor's Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

If your brick is to honor someone or is in memory of a loved one, please indicate below the name and address of the person to be notified. We will acknowledge all donations and notify the recipient of your gift.

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Donation required for one lettered brick is \$75.

One order form per brick.

14 letters per line maximum (including blank spaces and all punctuation marks).

3 lines maximum.

All letters must be capitalized.

Lines will be centered automatically

Print your inscription here, starting from the left. Lines will be centered automatically.

I will be making my donation with the enclosed check for the following amount \$_____.

Please make checks payable to **Sarasota Garden Club, Inc.**

For more information please contact: **Sarasota Garden Club**
1131 Blvd. of the Arts
Sarasota, FL 34236-4809
Tel: 941.955.0875