

COMMEMORATIVE BRICK ORDER FORM

Name:			
Address:	City:	State:	Zip:
Home Phone:	Cell Pho	ne:	
Email Address:			
Print individual's name, family event, or messa Maximum of 14 spaces per line: 3 lines total.	ge as you would like it engra	ved. One letter per box. Lea	ive space between words.

Please enclose a check with this order form. Make your check payable to St. Sebastian Parish Foundation. **Cost is \$150 per brick**.* Please use a separate order form for each brick ordered. Copies of this form are acceptable. An order confirmation and tax receipt will be mailed to you. Mail your order form and check to:

St. Sebastian Parish Foundation Attn: Brick Order 476 Mull Avenue Akron, OH 44320

*Please note:

- Any special symbols will be an additional \$15 charge per symbol.
- We will confirm that the symbol you would like to include is available.