Brooklyn Area Veterans Memorial Council, Inc.

P. O. Box 272 • Brooklyn, WI 53521

http://brooklynveteransmemorial.org

www.facebook.com/Brooklyn-Area-Veterans-Memorial 614578461963737

Bench Order Form – Cost $1,500

Purchaser_____Date_____

Address_____

City_____ State_____ Zip Code_____

Phone_____ Email address_____

Anyone or organization who support the Veteran's Memorial may purchase a bench. Replacement of a damaged bench will be the responsibility of the purchaser. The Brooklyn Area Veteran Memorial Council (known as the Council) will make a determination on bench replacement.

Military Message: Top line (1 ½ inch) 26 characters. One character, space or punctuation per box.

Donor's Name: Bottom line (1 inch) 38 characters. One character, space or punctuation per box.

I confirm that the information given on this form is complete and accurate.

Purchaser Signature_____Date_____

Please mail a check and completed order form to:

Brooklyn Area Veterans Memorial Council, Inc. P.O. Box 272, Brooklyn, WI 53521.

Additional questions: visit our website at: http://brooklynveteransmemorial.org or call Kathy at 773-636-0501.