

COMMEMORATIVE BRICK ORDER FORM



Purchaser Information
NAME _____
STREET _____
CITY _____
STATE _____
ZIP _____

(This is where Replica Brick will be sent unless specified otherwise)

PHONE: _____

FAX: _____

EMAIL: _____

PRINT CLEARLY - USE A SEPARATE SHEET FOR EACH BRICK ORDER:

4" X 8" BRICK 3 Lines, Maximum 15 characters including spaces per line

LINE 1 _____

LINE 2 _____

LINE 3 _____

8" X 8" BRICK 6 Lines, Maximum 15 characters including spaces per line

LINE 1 _____

LINE 2 _____

LINE 3 _____

LINE 4 _____

LINE 5 _____

LINE 6 _____

* You will be provided a proof showing the text for your brick(s) before production.

BRICK - choose size _____	4 x 8	x \$250	=	\$
	8 x 8	x \$500	=	\$
REPLICAS quantity _____		x \$ 100	=	\$
CHECK/CASH			TOTAL	\$

DATE

RB Historical Society . Post Office Box 27314 . San Diego . CA . 92128-7314 -- phone 858-487-5088

Program Contact: Tom Cook PH: 858-487-5088 Email: tcook1@san.rr.com