Morrow Veterans Memorial Park

Purchased by _____ Address _____

Phone Number: _____ City, State, ZIP _____

E-mail _____ Veteran _____ Non-Veteran _____

INSTRUCTIONS:

1. Please fill out this form as you would want the brick to read. Only one character per space is allowed
2. Please print clearly
3. Veterans must provide proof of service such as a DD214
4. Please make $100.00 check payable to: Morrow VFW Post 8202
5. Mail to: P.O. Box 115 Morrow OH 45152

1	2	3	4	5	6	7	8	9	10	11	12	13	14