DHS PTSO
COMMEMORATIVE BRICK ORDER FORM

Contact Information: (Person Placing Brick Order)

Name: _____ Telephone # _____

Address: _____ Day _____

_____ Night _____

_____ e-Mail _____

Each brick can be engraved with up to 3 lines of text, **OR 2 lines of text and 1 icon.** Each line may contain up to 20 characters (letters, numerals, punctuation marks, spaces). Engraved text will be automatically "centered" (left to right) on each line. If choosing an icon, please include the page name and number of your selection.

Line 1

Line 2 **OR** Icon: Page Name:_____ Icon #:____ Description of Figure:_____

Line 3

Comments/Instructions: _____

_____

Cost per Brick $100.00 Total Number Ordered: (include all pages) _____

Payment Options (please check desired option)

- ☐ Lump Sum ($100/brick)
- ☐ 2 installments
- ☐ 4 installments

Final payment must be received by Jan. 31 to be included in next brick order.

Make checks payable to:
DHS PTSO
9300 Lawson Rd.
Daphne, AL 36526

Total Amount Due: _____

Payment #1: _____ Balance: _____ Date: _____

Payment #2: _____ Balance: _____ Date: _____

Payment #3: _____ Balance: _____ Date: _____

Payment #4: _____ Balance: _____ Date: _____

A $30 return check fee may be added to outstanding balance if check is returned for any reason.

First $25 is non-refundable.