

BUSINESS and ORGANIZATION FORM

Contact Person: _____

Business/Organization Name: _____ Date: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

Method of Payment: Cash () or Check No. _____
(Make checks payable to Memorial Donation)

NOTE: Letters, commas, periods, hyphens & letter spacing are to be considered spaces

YOUR REQUESTED INSCRIPTION:

Line 1 _____

Line 2 _____

Line 3 _____

Line 4 _____

Line 5 _____

Line 6 _____

4-1/2" X 9" PAVER \$100 Donation **Amount** _____
 20 spaces maximum per line. 3 lines maximum.

9" X 9" PAVER \$250 Donation **Amount** _____
 6 lines, 20 letters per line or three lines with a logo.

18" X 18" PAVER \$500 Donation **Amount** _____
 30 spaces maximum per line. 6 lines maximum. Logo is included.

24" X 24" PAVER \$1000 Donation **Amount** _____
 40 spaces maximum per line. 6 lines maximum. Logo is included.

The undersigned has authority to reproduce the Logo.

Signed: _____ Date: _____

Submit this form and Memorial Donation to:
VFW Post #3617, 211 11th Street N.E., East Wenatchee, WA 98802
 WE RESERVE THE RIGHT TO REFUSE ANY INAPPROPRIATE WORDING AND TO REFUND DONATION.
CALL 509 884 3617 WITH ANY QUESTIONS