

CITY OF BLOOMINGDALE VETERANS MONUMENT

Name of Person Completing this Form: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Each brick may have up to FOUR engraved lines; EACH LINE may contain ONLY 13 CHARACTERS including spaces.
The following is only a suggested format. The brick will be based on only the information listed below, NO REFUNDS will be available.

LINE 1: _____
Name on Brick: (Example) John B Doe

LINE 2: _____
Rank and Branch of Service: (Example) SGT USA

LINE 3: _____
Years of Service: (Example) 1996 - 2003

LINE 4: _____
War Service: (Example) WWII & GULF WAR

EXAMPLES

1

JOHN BLAKE WILLIAMSON SGT USA 96-03 WWII & GULF WAR
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2

JOE B DOE SGT USA 1996 -2003 WWII & GULF WAR

Monument Brick (\$50.00): _____

Method of Payment: _____

Return to:
City of Bloomingdale
P.O. BOX 216
Bloomingdale, GA 31302
Phone: (912) 748-0970 Fax: (912) 748-1005