CHILDREN'S MUSEUM COMMEMORATIVE BRICK ORDER FORM

Leave a lasting memory and show your support. Buy a brick & see your family or company name permanently in Children's Museum history or buy a brick "in honor" or "in memory of" someone. Visitors to the museum will see the named bricks leading to our front door.

DONATION: $75. per 4" x 8" brick with inscription - print carefully and legibly, include no more than 14 characters per line, including spaces & punctuation

BRICK #1 - First line:

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Second line:

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Third line:

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

BRICK #2 - First line:

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Second line:

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Third line:

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Name: _____

Street Address: _____

City, State, and Zip Code: _____

Daytime Telephone: ___(_____)_____

Fax: ___(_____)_____ E-mail: _____

Mail with payment (check or money order, no cash) to:
The Children's Museum Brick Project, 311 Main Street, Utica, NY 13501

Payment information: ___ check or money order enclosed (made out to Children's Museum)

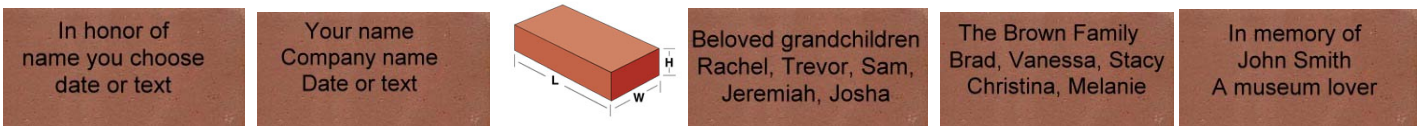
OR ___ Visa or ___ Mastercard Card # ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Expires _____ (month) _____ (year)

Or order online on our secure shopping cart (Visa or Mastercard): www.museum4kids.net

Please direct questions to John Stephenson, Dan Trevisani, or Marlene Brown at
(315) 724-6129 or email info@museum4kids.net

==========

For office use only: Date Received:_____ Date Ordered:_____

Payment Received: Yes No Amount Received: $_____ Receipt Number:_____

The Children's Museum of History, Natural History, Science & Technology
311 Main Street, Utica, NY 13501 * Tel: 315-724-6129 * Fax: 315-724-6120 * Web: www.museum4kids.net