

Garden of Innocents

Memorial Brick Order Form - PLEASE PRINT CLEARLY

Each 4"x8" brick contains room for up to 3 lines of copy
21 characters per line (The 21 characters **INCLUDE** spaces & punctuation)

All text is centered, unless otherwise specified.

Line #1

Line #2

Line #3

Your Name _____

Your relationship to the Innocent remembered: _____

The honored person (circle one): Infant Person with special needs

Your mailing address with city, state & zip code

Your phone number: () _____

Your email address: _____

Make Checks payable to **Holy Family Church** - please note ***Garden of Innocents*** on the check.

Please return this form with your \$35 payment to

Holy Family Church
PO Box 98
Oldenburg, IN 47036
(812)932-3046