

HAVERSTRAW BRICK MUSEUM'S LANDSLIDE MEMORIAL BRICK WALK

NAME: _____

ADDRESS: _____

PHONE: _____

DONATION (\$100): CASH _____
CHECK _____

MAIL FORM TO:
HAVERSTRAW BRICK MUSEUM
12 MAIN STREET
HAVERSTRAW, NY 10927

BRICK SIZE 4"x 8"

3 LINES

18 Characters per line (including punctuation & space)

\$100 Donation per Brick

Please fill in your inscription in CAPS on the lines above. Use one line for each
punctuation mark and each space.

MONUMENT BY ITSELF IS:

34" WIDE

53" HIGH

22" DEEP

