



# Memorial Brick – Order Form

## Brick #2 - Order Information

Number of Lines Requested: \_\_\_\_\_

*(Please Print Clearly):*


# HEROES MEMORIAL

*Kellogg City Park*

*Kellogg, MN*

\_\_\_\_\_  
(Purchaser Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(E-Mail Address)

### Mail your Order and Check to:

City of Kellogg - Heroes Memorial  
P.O. Box 147  
Kellogg, MN 55945

Payment must accompany order.

Make Checks payable to:

City of Kellogg - Heroes Memorial

\_\_\_\_\_ Bricks (\$250 each)      \$ \_\_\_\_\_

**Total**      \$ \_\_\_\_\_

