



Town of Newburgh Veterans Monument

Engraved Brick Order Form

Name: _____ Address _____

City _____ ST _____ ZIP _____ Phone _____

Please make check payable to: Veterans Monument c/o Town of Newburgh Total enclosed \$ _____

P.O. Box 6
Newburgh, IN 47630

_____ copy order form and attach if ordering more than 4 bricks of either size _____

8 x 8 brick - \$75.00

Available to honor or remember a veteran only

16 letters per line, 4 line maximum Please circle military branch for insignia placed on brick

Brick # 1 _____

Brick # 2 _____

Circle Branch: AF A CG M N

Circle Branch: AF A CG M N

Brick # 3 _____

Brick # 4 _____

Circle Branch: AF A CG M N

Circle Branch: AF A CG M N