

**Boulevard Veterinary Hospital Memorial Garden  
Engraved Memorial Brick Order Form**

**Contact Information of Person Placing Order:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number (Day): \_\_\_\_\_  
Telephone Number (Evening): \_\_\_\_\_  
E-mail: \_\_\_\_\_

Each Brick can be engraved with up to 3 lines of text. Each line can contain up to 13 characters (letters, punctuation, spaces). All letters of names will be in UPPERCASE.

**Brick #1**

**Line 1**

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**Line 2**

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**Line 3**

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**Brick #2**

**Line 1**

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**Line 2**

--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Line 3**

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Comments/Instructions: \_\_\_\_\_  
\_\_\_\_\_

Cost per Brick: **\$95.00** Number of Bricks Ordered: \_\_\_\_\_ Subtotal: \$ \_\_\_\_\_  
Check: Payable to: Second Chance Fund Total: \$ \_\_\_\_\_