

Coleridge Area Memorial Plaza

PROJECT "CAMP"

MEMORY BRICK ORDER FORM

*PLEASE NOTE: SPACES IN-BETWEEN WORDS AND PUNCTUATION = ONE SPACE

PLEASE PRINT CLEARLY

For our records, please fill out the following.

Name: _____

Address: _____

City: _____ State: _____

Phone: _____

MAIL FORM AND \$120 PAYMENT TO:

(AMERICAN LEGION) **Virgil Bayne**

616 E Broadway

Coleridge, NE 68727

(Make Checks Payable to A.L. Post 114)

For Information Contact:

Dale Engelman: Cell# 1-402-360-3059 or Email: daleengelman@nntc.net