



COMMEMORATIVE WALKWAY

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO: *(Home)* _____ *(Work)* _____

EMAIL: _____

Yes, I would like to purchase a brick in the Commemorative Walkway!

Enclosed is my gift of \$50 for a 4"x8" brick.
(up to 3 lines of text)

Enclosed is my gift of \$100 for a 8"x8" brick.
(up to 6 lines of text)

One line of text consists of 20 characters including spaces. Please print the text for your brick below.

PAYMENT METHOD

CHECK *(Please make payable to Nazareth Academy High School)*

VISA/MASTERCARD

NAME: *(as appears on credit card)* _____

CREDIT CARD NO: _____ EXP. DATE: _____

SIGNATURE: *(required)* _____