



Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Purchase of commemorative brick, \$60 each (Use additional forms for more than one order.) \$ \_\_\_\_\_

Additional donation to The Plaza Fund \$ \_\_\_\_\_

Total for this form \$ \_\_\_\_\_

Bricks for The Plaza  
Maximum three lines, **20 characters per line**, includes spaces, punctuation.

(Please print clearly)

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Make checks payable to:  
**The Plaza Fund**  
Return form to:  
**The Plaza Fund**  
**PO Box 787**  
**Ashland, VA 23005**

Signature \_\_\_\_\_

For more information, call (804) 798-6194

**Donations are tax deductible.**

[ ] My employer will match my gift. My matching gift form is enclosed