

# CITY OF BLOOMINGDALE VETERANS MONUMENT

Name of Person Completing this Form: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Each brick may have up to FOUR engraved lines; EACH LINE may contain ONLY 13 CHARACTERS including spaces.  
The following is only a suggested format. The brick will be based on only the information listed below, NO REFUNDS will be available.

LINE 1: \_\_\_\_\_  
Name on Brick: (Example) John B Doe

LINE 2: \_\_\_\_\_  
Rank and Branch of Service: (Example) SGT USA

LINE 3: \_\_\_\_\_  
Years of Service: (Example) 1996 - 2003

LINE 4: \_\_\_\_\_  
War Service: (Example) WWII & GULF WAR

## EXAMPLES

1

JOHN BLAKE WILLIAMSON SGT USA 96-03 WWII & GULF WAR
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2

JOE B DOE SGT USA 1996 -2003 WWII & GULF WAR
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Monument Brick (\$50.00): \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Return to:  
City of Bloomingdale  
P.O. BOX 216  
Bloomingdale, GA 31302  
Phone: (912) 748-0970 Fax: (912) 748-1005