

**BRICK ORDER FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

**BRICK TO BE ENGRAVED AS FOLLOWS:**  
(Limit of 13 letters including spaces on each line.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Checks payable and return to:**  
**MASON HISTORICAL SOCIETY**  
207 W. Church Street  
Mason, Ohio 45040

**\$48** Paid \_\_\_\_\_ Ck# \_\_\_\_\_

forms/brick 2015



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