

• **BRICK ORDER FORM** •

City of Mentor
Commemorative Rose Garden
“Walkway of Memories”



Order your personalized brick to be placed in the Walkway of Memories. Cost is \$40 per brick. We have no control over the colors of the individual bricks. Shades will vary; if a brick wears with age, there are no replacement guarantees. Make your check payable to City of Mentor. For more information, visit the Mentor Parks & Recreation Office, call (440) 974-5720, or email parks@cityofmentor.com.

INSCRIPTION: Use one of these phrases as one of the three lines, “In Memory Of,” “In Memoriam,” or, a write your own phrase. Inscribe your brick as follows:

ONLY ONE CHARACTER, PUNCTUATION MARK, OR SPACE PER BLOCK

LINE 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Date _____



Mail payment to:
 City of Mentor
 Commemorative Rose Garden
 8500 Civic Center Boulevard
 Mentor, Ohio 44060

www.cityofmentor.com/play

STAFF USE ONLY	
Check No.	_____
Amount	_____
Date Received	_____
Date Ordered	_____
Acknowledgment	_____
Date Brick Set	_____
Section Brick Set	_____