



PAVER ORDER FORM

Please use a separate form for each paver ordered.

OFFICE USE ONLY

Order # _____ of _____
 Check # _____ Date: _____
 Other _____

Memorialize a loved one's service or pay tribute to those who serve.

We are proud to offer you an opportunity to permanently honor those who have served or are currently serving our country in all branches of the military.

Name: _____ Phone: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____

Please print clearly and fill in the boxes exactly as they should be inscribed. Only one letter, number or punctuation per block. Leave a blank space where needed. All text and logos will be centered on the pavers.

4X8 Paver: \$100 each

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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sample Inscriptions:

JOHN F GLOVER
 USAF B29 NAV
 1950 - 1953

PATRICIA MARTIN
 US ARMY NURSE
 MY MOM, MY HERO

8X8 Paver: \$200 each

*Military Logo: None Army Navy C.G. Marines A.F. POW-MIA

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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 4	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 5	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 6	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sample Inscription:

JOHN BASILONE
 GYSGT USMC
 MEDAL OF HONOR
 GUADALCANAL
 DIED FEB 19, 1945
 IWO JIMA

*Emblems are only available on 8x8 pavers, and will reduce text to 4 lines.

MAIL YOUR COMPLETED ORDER FORM WITH PAYMENT OR CREDIT CARD INFORMATION

Check enclosed for \$ _____ (or) Credit Card Payment for \$ _____ **TOTAL Enclosed: \$** _____
 CC#: _____ Exp: _____ CVV: _____
 Signature: _____ Name as it appears on card: _____
 Date: _____ Zip Code of cardholder: _____

I wish to make an additional donation to the Illuminating Courage Memorial in the amount of \$ _____.

CONTACT: IlluminatingCourage@gmail.com IlluminatingCourage.org	Mail forms and payment to: WA State Fallen Heroes Project PO Box 13113 Spokane WA 99213	Pavers purchased by September 15th will be placed by Veterans Day, purchases by April 15th will be placed by Memorial Day.
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