**Big Four Fair** 

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## Legacy Bench LETTERING LAYOUT FORM

| LINE #1  | (Check        | desi | red | opti    | ion) |   |  |  |  |  |  |         |         |                                       |   |  |
|--|---------------|------|-----|---------|------|---|--|--|--|--|--|---------|---------|---------------------------------------|---|--|
|  | In Memory Of  |      |     |         |      |   |  |  |  |  |  |         |         |                                       |   |  |
|  | In Honor Of   |      |     |         |      |   |  |  |  |  |  |         |         |                                       |   |  |
|  | Donated By    |      |     |         |      |   |  |  |  |  |  |         |         |                                       |   |  |
|  |               |      |     |         |      |   |  |  |  |  |  |         | <br>    | · · · · · · · · · · · · · · · · · · · |   |  |
|  |               |      |     | the way |      |   |  |  |  |  |  |         |         |                                       |   |  |
| All Letters, including spaces, MUST fit in the blocks below. |               |      |     |         |      |   |  |  |  |  |  |         |         |                                       |   |  |
| PLEASE   | PRINT         | CLEA | RLY | •       |      |   |  |  |  |  |  |         |         |                                       |   |  |
| LINE #2  |               |      |     |         |      |   |  |  |  |  |  |         |         |                                       |   |  |
| LIIVE #Z   |               |      |     |         |      |   |  |  |  |  |  |         |         |                                       |   |  |
|  |               |      |     |         |      |   |  |  |  |  |  |         |         |                                       |   |  |
|  |               |      |     |         |      |   |  |  |  |  |  |         |         |                                       |   |  |
| LINE #3 (OPTIONAL)   |               |      |     |         |      |   |  |  |  |  |  |         |         |                                       |   |  |
|  |               |      |     |         |      |   |  |  |  |  |  |         |         |                                       |   |  |
|  |               | ]    |     | ll      |      |   |  |  |  |  |  | <u></u> | <u></u> |                                       |   |  |
|  |               |      |     |         |      | E |  |  |  |  |  |         |         | · · · · · · · · · · · · · · · · · · · | • |  |
| Contact Information (In case questions arise)                |               |      |     |         |      |   |  |  |  |  |  |         |         |                                       |   |  |
| ,  |               |      |     |         |      |   |  |  |  |  |  |         |         |                                       |   |  |
| *A receipt will be mailed to the below address.              |               |      |     |         |      |   |  |  |  |  |  |         |         |                                       |   |  |
| Conta  | Contact Name: |      |     |         |      |   |  |  |  |  |  |         |         |                                       |   |  |
| Phone  | Phone Number: |      |     |         |      |   |  |  |  |  |  |         |         |                                       |   |  |
| Addre  | Address:      |      |     |         |      |   |  |  |  |  |  |         |         |                                       |   |  |