BUY A BRICK FORM

Please print in Capital letters the information as you wish it to appear on each brick. Leave a blank for spaces between words. For more than 3 bricks, duplicate this form.

Name of purchaser			Address:	
City	State	Zip	Phone:	Date:
Example: (Limit lines 1 Line 1: <u>S T . F R A N</u>		=	Br ick #2 Line 1	
Line 2: HIGHSC	H O O L	· —	Line 2 Line 3	
Line 3: <u>S E N I O R S _ 1 9 6 2</u>				
Brick #1 Line 1 Line 2 Line 3			Line 2	
TOTAL ENCLOSED: \$forbricks at \$25 each Make checks payable to: Osage Mission-Neosho County Historical Society P. O. Box 113, St. Paul, KS 66771				