



Clintonville Veteran's Memorial Wall Brick Form



Date Submitted: _____

Name of Purchaser: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Donation Amount: \$ _____

Minimum donation for each brick is \$150. You may pay by check, cash, or money order.

Please indicate below the wording on your wall brick. Blank spaces and punctuation are included in the allotted spaces per line. You may use two or three lines.

Note: Bricks become the property of The Veteran's Memorial Committee and City of Clintonville. Placement of bricks will be at the sole discretion of the Memorial Committee. Donations to the memorial are tax deductible.

Return Application to:
City of Clintonville
50 10th St
Clintonville, WI 54929

Phone: 715-823-7600

Fax: 715-823-1352

Make Checks Payable to: City of Clintonville