



Friends for Michael, Inc.
Spinal Cord Injury Organization
Commemorative Brick Order Form
NOTE: Please use one form per brick order

PURCHASER INFORMATION:

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Daytime Phone: _____

PERSONALIZATION:

Brick size: 4" x 8" \$50
Engraved message: Maximum 3 lines, 20 characters each including spaces and punctuation.

PAYMENT INFORMATION:

Check Visa Mastercard

Credit Card Number: _____

Expiration Date: _____

Authorized Signature: _____

TOTAL: \$ _____

**Please make checks payable to Friends for Michael, Inc.*

Mail this order form and payment to:
Friends for Michael, Inc.
c/o Jennifer Hignite
6511 Old Floydsburg Road
Floydsburg, KY 40056