

LEAVE A LEGACY BRICK CAMPAIGN ORDER FORM

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Please PRINT using one letter/symbol/space per box. All text will be automatically centered on each brick. Each brick will have 2 lines, 14 letters or spaces per line. If you are ordering more than one brick, please attach additional inscriptions to the order form.

My brick should be inscribed as follows:

I have enclosed a check for \$100 payable to the Indiana Golf Office

Please charge my:

Visa

MasterCard

Card Number _____

Expiration Date _____

Signature _____

Return completed form, along with payment, to:

Indiana Golf Office
PO Box 516
Franklin, IN 46131
800.779.7271

