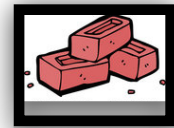


HMS Commemorative Brick Order Form



Please return this form, with a check payable to Hanover PTA, mail to Hanover PTA Attn:
HPTA Brick Program PO Box 92 02339

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Line 1															
Line 2															
Line 3															

PLEASE PRINT CLEARLY

Message Brick #1(4x8 brick)

Maximum of 15 Characters/Spaces per line

Message Brick #2(8x8 brick)

Line 1															
Line 2															
Line 3															

4X8 brick(\$80) _____ 8x8 brick(\$140) _____ (# of bricks)

Total number of bricks requested (three lines max per brick) _____

Total: _____

Please make checks payable to Hanover PTA
PTA Contact Anne Logan annelogan@comcast.net

