IMMACULATA ALUMNI ASSOCIATION
Laser Engraved Brick Order Form

Brick(s) Ordered by: _____ **Date:** _____
Address: _____ **Amt Enclosed:** _____
Phone: _____
Email: _____

Remember……..

1) **Checks payable to: Imac Alumni Association ($25 per brick)**
2) **Mail to: Imac Alumni Association, 320 N Broadway, Leavenworth KS 66048**
3) **Complete a grid for each brick ordered (this form accommodates up to an order of 4)**
4) **There are 11 characters per line, including spaces; maximum of 3 lines; please complete accordingly.**

Line 1											
Line 2											
Line 3											

Line 1											
Line 2											
Line 3											

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Line 1											
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