

Richmond Hill Veterans Monument

Name of Person Completing this Form: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

- ✓ Each brick may have up to **FOUR** engraved lines; **EACH LINE** may contain **ONLY 13 CHARACTERS** including spaces. The following is only a suggested format. The brick will be based on only the information listed below, **NO REFUNDS** will be available.

Line 1: _____
Name on Brick: (Example) JOHN B DOE

Line 2: _____
Additional Name Line (For names that require more spacing) See Example 1

Alt use for Line 2: _____
Rank and Branch of Service: (Example) SGT USA

Line 3: _____
Years of Service: (Example) 1996-2003

Line 4: _____
War Service: (Example) WWII & GULF WAR

EXAMPLE: (1)



Or

(2)



Monument Brick (\$50): _____ Method of Payment _____

Monument Sponsorship (Minimum of \$500): _____ Method of Payment _____

Sponsors Name to be Engraved on Granite

Return to:

Richmond Hill City Hall
P.O. Box 250
Richmond Hill, Ga. 31324
Phone: (912) 756-3345 Fax: (912) 756-2031