

ATCHISON COUNTY MEMORIAL BUILDING FOUNDATION, INC.
P.O. Box 2 ~ 417 S. Main Street ~ Rock Port, MO 64482-0002
2008 MEMBERSHIP PAYMENT FORM (Membership year is 1-1-08 thru 12-31-08)

NAME _____ SPOUSE _____
CHILDREN _____
ADDRESS _____
CITY / STATE / ZIP _____
TELEPHONE # (OPTIONAL) _____ E-MAIL (OPTIONAL) _____
BUSINESS NAME _____
BUSINESS ADDRESS _____
CITY / STATE / ZIP _____

PERSONAL MEMBERSHIP: \$10.00 per person ~ BUSINESS MEMBERSHIP: \$100.00 each

PERSONAL MEMBERSHIP(S) @ \$10 EACH = \$ _____
BUSINESS MEMBERSHIP(S) @ \$100 EACH = \$ _____
TOTAL DUES \$ _____

ADDITIONAL DONATION: \$ _____
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WALK OF HONOR BRICK ORDER FORM

**Please reserve a personalized
Walk of Honor granite brick to pay tribute
to (please check the appropriate box):**

- Veteran of World War
- Veteran of military service
other than World War I (please specify)
- Non-military individual recognition
- Group, association or military division

Please check the desired brick size:

- \$200 4" x 8" Walk of Honor brick
(Maximum of 3 lines of copy)
- \$400 8" x 8" Walk of Honor brick
(Maximum of 4 lines of copy)
- \$1,100 16" x 16" Walk of Honor brick
(Maximum of 6 lines of copy)

Please print inscription message below:

*(Lettering on brick is limited to 15 characters per line,
including letters, numbers, spaces and punctuation.)*

Up to three lines for \$200 brick

Up to four lines for \$400 brick

Up to six lines for \$1,100 brick

BRICK ORDERED BY:

NAME _____
ADDRESS _____ TELEPHONE # _____
CITY / STATE / ZIP _____

Please return completed brick order form and payment to:
ATCHISON COUNTY MEMORIAL BUILDING FOUNDATION ~ P.O. Box 2 ~ Rock Port, MO 64482