

VICTIM MEMORIAL BRICKS

Purchaser's Name: _____

Address: _____

City/Zip: _____

Phone: _____

Email: _____

Victim's Name: _____

MEMORIAL BRICK (This information will be on the brick.)

Last Name of Victim (Line 1): _____

First Name of Victim (Line 2): _____

Victim's Date of Birth – Date of Death (Month, Day, Year) - Line 3:

\$60 includes Brick purchase, placement at the site and an exact mini replica brick. No personal checks.
Return form and cash or money order to:

Shelly Hall/Victim-Witness
PO Box 1340
Columbus, GA 31902

_____ Received Payment