

Memory Brick Order Form

Please imprint my brick with the following:

Limit of 15 characters per line (including spaces). Up to 3 lines

(Example only – You can use any text you prefer)

Please check one:

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Cancer

Other illness or tragedy

	J	O	H	N	S	M	I	T	H
L	U	N	G	C	A	N	C	E	R
1	9	4	5	-	2	0	1	7	

Center of Brick

[illegible]

My Name: _____

Address: _____

Telephone: _____

E-mail: _____

Signature: _____



Make checks payable to:

Humboldt Garden Foundation

Mail to: Humboldt Garden Foundation

c/o Sally Stalder

63470 705 Road

Humboldt NE 68376