

LITTLE RED SCHOOLHOUSE DONATION FORM

DR. ROB MORRIS WALKWAY

Mail Brick Order Form to:
Darlene M. Roberts, PGM, Grand Secretary
P.O. Box 2268
Madison, MS 39130

Your Name:

Address:

City, State, Zip:

Phone:

Only one character (letter, number, punctuation, space) per block is allowed.
Print the message exactly as you want it to appear on the brick. All letters are CAPITAL.

If you want the Certificate to read different from the brick, please indicate on three lines below.

Enclosed is my check for \$ _____ made payable to The Grand Chapter of MS, OES.
(Each check is a \$75.00 donation. Additional Certificates are \$5.00 each.)

Please send the Certificate to:

Name:

Address:

City, State, Zip:

