

HISD Alumni Plaza Brick Order form

Donor's name _____

Address _____

City, State, Zip _____

Telephone _____ E-Mail: _____

Amount enclosed at \$50 per brick \$ _____

(Office Use) Check/Cash received/Date: _____

Inscription - 3 lines with 16 characters (including spaces) on each line:

Send acknowledgement of memorial/honorarium to:

Name _____

Address _____

City, State, Zip _____

Mail to HISD Alumni Association, P.O. Box 728, Henderson, TX 75653

PHONE: 903-655-5037
e-mail rpik@hendersonisd.org

