

Halfmoon Veterans Memorial Brick Order Form

Contact Person

Name: _____

Address: _____
 _____ State _____ Zip Code _____

Phone: _____ Email: _____

**VETERAN'S NAME
BRANCH OF SERVICE
YEARS SERVED**

Veteran's Name

Line #1

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Branch of Service

Line #2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Years of Service

Line #3

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14 characters per line including spaces and punctuation

Enclosed is my check (\$100.00 for each brick) made payable to:
Town of Halfmoon, Veterans Memorial
2 Halfmoon Town Plaza
Halfmoon, NY 12065

For Additional Information: Please Contact: Town of Halfmoon (518)371-7410 ext. 2200

**Town of Halfmoon
Website will feature**

Veteran's Biography and Photo



**Veteran's Name
Branch of Service
Years Served**

Create a lasting tribute to honor the Veteran's Military Service and life as a private citizen.

Please provide a good quality photograph of the honored veteran. Please include information about his/her military service, family, education and career.
 (250 word maximum)

