

Ripon Garden Club, Inc.
Memorial Rose Garden
Brick Fundraiser
 DONOR INFORMATION

Name _____

Address _____

Address _____

City _____ ST _____ Zip _____

Email _____

Phone _____

Number of Bricks Ordered _____ X \$100 each

Total Donation Amount \$ _____

Engraved Bricks 4” x 8 “ :

Write your text in the text boxes below.
 Three (3) Lines with 20 spaces including blanks

Price per engraved brick : \$100 each

Make Check Payable to: **Ripon Garden Club, Inc.**
 We accept VENMO: **@Ripon-Garden-Club-Inc**
 If you have any questions, please contact:
 Catherine Gentiluomo at ripongardenclub@gmail.com

Mail Check, Money Order or
 VENMO confirmation page with
 this order form to:

Ripon Garden Club
 Attn: Brick Program
P.O. Box 1184
Ripon, CA 95366

Brick #1

Brick #2

Example

I	n		M	e	m	o	r	y		o	f								
M	a	v	i	s		S	t	o	u	f	f	e	r						
M	o	t	h	e	r		a	n	d		F	r	i	e	n	d			