

DONATION/COMMEMORATIVE BRICK FORM

NAME(S) _____

HOME ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

CHECK(s)

I wish to donate \$ _____ payable to "CAP Unit Veterans Association".

Each \$1,000 donation entitles the donor to participate in the CAP Marine Commemorative Program, (see below).

CREDIT CARD (Please charge my card listed below, Signature _____)

MC – VISA – AM EXP – Other add \$26.00 for CC fee for each \$1,000.00 donation.

Card number _____ Exp. Date _____ CVV # _____

Please complete this form and mail with your check to: **Mark Morales, 155 Cross Creek Parkway APT. 318, Hattiesburg, Mississippi 39402.**

CAP Marine Memorial Commemorative Brick

For my \$1,000 donation, I would like to have my brick engraved as identified below. Bricks will be placed around the base of the CAP Marine Monument. (Each line must end with a full word or name. Words will not be hyphenated or continued onto the next line).

Line 1: CAP Unit: _____

Line 2: CAP Marine or Corpman Rank & Name: _____

Line 3: CAP's date of service: _____

THANK YOU FOR YOUR SUPPORT OF THE CAP UNIT VETERANS ASSOCIATION MEMORIAL!

Your donation will be acknowledged by mail or email for your records. The CAP Unit Veterans Association respects the privacy of donors' personal and financial information and will not release information to the public about prospective or actual donors unless required to do so by law.

Bricks installed 3 times annually, donations and paperwork must be received by deadline date shown – May (donated by 12/31), September (donated by 4/30) & December (donated by 8/30).