

Burleson Bricks for Veterans

Order Form (2009-2010)

PLEASE PRINT

NAME: _____

ADDRESS: _____

CITY/ ST/ ZIP: _____

DAYTIME PHONE: _____

E-MAIL: _____

Please *MAIL* or *DELIVER* this order form with a check or money order to:

BURLESON PUBLIC LIBRARY
248 S.W. Johnson Ave.
Burleson, TX 76028

for \$45.⁰⁰ per brick

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Veteran's Name (Last Name, Suffix):

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Veteran's Name (First Name, Middle Initial):

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Branch of Service (check all that apply):

- | | | |
|-------------------------------|----------------------------------|---|
| <input type="checkbox"/> USAF | <input type="checkbox"/> US Navy | <input type="checkbox"/> Coast Guard |
| <input type="checkbox"/> USMC | <input type="checkbox"/> US Army | <input type="checkbox"/> National Guard |

Conflict (if applicable-- check all that apply):

- | | | | |
|-------------------------------|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> WWI | <input type="checkbox"/> Korea | <input type="checkbox"/> Gulf War | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> WWII | <input type="checkbox"/> Vietnam | <input type="checkbox"/> Iraq | |

Staff Use Only

Staff Initials: _____ Order #: VB - _____ - _____ Check or MO #: _____

Receipt #: _____ Receipt Sent: _____ Date Verified: _____

Burleson Public Library

248 S. W. Johnson Avenue
Burleson, TX 76028

Phone: 817-426-9210

E-mail: veterans@BurlesonLibrary.com

www.BurlesonLibrary.com