



Please provide us with your contact information below:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

### **YOUR BRICK INFORMATION**

**Please print your brick information clearly and exactly as you want it to appear on your brick.**

*Example:*



### **Single Brick** (20 characters per line including spaces)

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

### **Double Brick** (20 characters per line including spaces)

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

Line 4 \_\_\_\_\_

Line 5 \_\_\_\_\_

Line 6 \_\_\_\_\_

**Note:**

**A maximum of six (6) single bricks or three (3) double bricks may be ordered for each of your lost loved ones. A separate form is required for each brick ordered.**

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Please **indicate the section of the walkway** in which you would like your brick placed and then place a check mark by the appropriate payment option below. Please make your check payable to either **Our Children's Memorial Walkway** or **OCMW**.

**Desired Section of Walkway** (for Brick Placement): \_\_\_\_\_

\_\_\_ Enclosed is my check for \$ \_\_\_\_\_ for \_\_\_ SINGLE BRICK(s) @ \$50 each \*

\_\_\_ Enclosed is my check for \$ \_\_\_\_\_ for \_\_\_ DOUBLE BRICK(s) @ \$100 each \*

\_\_\_ I need help in financing a brick. *(If sufficient funds come in, aid will be available for you.)*

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*(\* We wait until we have received orders totaling a quantity of five (5) bricks before placing our order with the manufacturer. If you do not wish to wait for us to meet our minimum quantity, we can order your brick right away if you include an additional **\$15.00 handling fee per brick** in your check. Note: Bricks normally take about 4-6 weeks to be installed in the walkway after we place our order.)*

\_\_\_ Enclosed is a special gift of \$ \_\_\_\_\_ to be used in maintaining the Walkway and Garden. I am a member of the following group: \_\_\_\_\_.

\_\_\_ I am donating in honor of another family & want you to send them a card. Their name & address are:

Name: \_\_\_\_\_

Address 1 : \_\_\_\_\_

Address 2 : \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Once you've completed this form, please mail it with your check to:**

**Our Children's Memorial Walkway  
PO Box 44153  
Charlotte, NC 28215**

If you have questions or need more information, please contact us at [ocmwcharlotte@gmail.com](mailto:ocmwcharlotte@gmail.com).

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