



Application for a Memorial Brick

Service member's information

Last Name _____ + _____

First Name _____

Middle name _____

Branch of service _____

Dates of service _____

Theater of service _____

Documentation; Military ID, DD-214, other _____

Purchaser Information (Commemorative brick \$50.00/ with pin add \$5.00)

Purchaser's First Name _____

Purchaser's Last Name _____

Purchaser's Street Address _____

Purchaser's City/State/Zip _____

Method of payment Cash/check/debit/ other _____

Contact info; Phone _____ email _____

**The Linn County Veterans Memorial
PO Box 2739, Albany, Oregon 97322**

Contact telephone number 541-990-7715

Thank you for your support

Office use

Reference # _____

DD-214 Received _____

Group# _____

Honorably Discharged? _____

Wall# _____

Military ID Viewed _____

Brick# _____

Paid in full? _____