Paver Order Form

Honor a graduate or a friend, remember and celebrate a loved one, or thank someone special by purchasing a personally engraved brick paver on the patio of Foundation Hall.

Your gifts help to fulfill the dreams of students, build a stronger college and support the growth of our community.

Please print:

Name: ____________________________________________ ____________________________________________ ___________

Address: _________________________________________________________________________________________________ ________

City, State, Zip: ___________________________________________________________________________________________________

_______________________________________________________________________________ ____________________

E-mail: _____________________________________________________ Phone Number: ______________________________

Select Paver Option:

☐ $250 - 6” x 9”  2 lines, up to 16 characters each line (no logo)
☐ $500 - 9” x 9”  3-4 lines, up to 16 characters each line (logo is option)
☐ $750 - 9” x 12”  3-4 lines, up to 20 characters each line (logo is option)
☐ $1000 – Trapezoid Number of characters per line vary (logo is option)

Engraving Instructions: (attach logo if that is the preferred option)

Line 1 __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __
Line 2 __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __
Line 3 __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __
Line 4 __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __   __

Payment Options:

☐ Check Enclosed       ☐ Credit Card

Account number: _______________________________ CVV Code: _______________________________

Name on card: ____________________________________________ Expiration date: _________________________

Signature of card holder: _____________________________________________________________________________________

MAIL FORM AND PAYMENT TO: ATCCF 318 17TH AVENUE EAST ALEXANDRIA MN 56308