



Veteran Commemorative Walk of Honor

Donor Name: _____

Donor Address: _____

Donor Phone Number: _____

- 3-line Maximum - 14 characters per line - 4" \$50.00 - 4" x 8" Commemorative
- 4-line Maximum - 14 characters per line - 8" \$75.00 - 8" x 8" Commemorative

Commemorative Inscription: *Leave a space between words!*

Make checks payable to:
 American Legion Post 28
 Veteran Commemorative Walk
 P.O. Box 391
 Spartanburg, SC 29304

Example:

	G	e	o	r	g	e		A		P	a	u	l
	C	A	P	T		A	r	m	y		W	W	I
	P	i	l	o	t		9	4	t	h		S	Q
	S	i	l	v	e	r		S	t	a	r		

Office Use Only:

Date: _____ Payment: _____ Paver #: _____