Brick Order Form

Purchaser's Name __________________________________________ Address __________________________________________
City ______________________ State _____ Zip __________ Phone (_____) __________________
Email ___________________________________________________

This brick is a gift. Please send letter of appreciation to:

(Name) Address ______________________________________ City __________________________ State _____
Zip __________ Phone (_____) __________________
Email ___________________________________________________

4”x 8” Brick $125.00 — Please print wording as it would appear on the brick. Use up to 3 lines of type with 17 characters per line which would include spaces and punctuations.

8”x 8” Brick $175.00 — Please print wording as it would appear on the brick. Use up to 6 lines of type with 17 characters per line which would include spaces and punctuations.

8”x 8” Brick $250.00 w/CLIP-ART - Please print wording as it would appear on the brick using lines above. Use up to 6 lines of type with 17 characters per line which would include spaces and punctuations.

Add Clip Selection Here ____________________________
Clipart selections are available on our website at newzoo.org

NOTE: All bricks will be engraved in capital letters

NOTE: Bricks are exposed to the elements and to approximately 250,000 visitors annually. The NEW Zoo and the N.E.W. Zoological Society, Inc. are not responsible for the normal wear and weathering which may occur under these conditions. If a Brick is worn and not to the satisfaction of the purchaser due to normal Zoo activity and weather conditions, the replacement costs are the responsibility of the purchaser. Due to available space, Bricks are installed in the next available section. The Brick purchase, is a donation to the N.E.W. Zoological Society, Inc. and becomes the property of the NEW Zoo.

Payment: _____ MasterCard _____ Visa _____ Check (Payable to N.E.W. Zoological Society, Inc.)
Card Number ______________________ CVC ______ (3 digit code on back) Expiration Date ________________

Please print name as seen on card ________________________________
Signature required for charge ____________________________________
Any additional comments ________________________________________

MAIL COMPLETED ORDER FORM TO: N.E.W. ZOOLOGICAL SOCIETY, INC.
P.O. BOX 12647
GREEN BAY, WI 54307-2647

PLEASE CONTACT THE SOCIETY @ (920) 434-6814 FOR QUESTIONS OR ASSISTANCE THANK YOU FOR YOUR CONTRIBUTION!