

**St. John M. B. Church
50th Year Anniversary Celebration
Commemorative Brick
Request Form**

Name Date

Mailing Address

City State Zip Code

Phone Number E-mail Address

(Please check your choice(s))

- | | |
|---|--|
| <input type="checkbox"/> \$100 1 person
<input type="checkbox"/> \$500 husband, wife, & 3 children
<input type="checkbox"/> \$50 (for each additional child) | <input type="checkbox"/> \$200 2 persons
<input type="checkbox"/> \$1,000 business, corporation,
or organization |
|---|--|

Total enclosed: \$_____

Please mail donations to:
 St. John M. B. Church
 P. O. Box 11311
 Jackson, MS 39283-1311

Name or information to be inscribed on brick (Please print clearly or type)
 One person per brick, maximum of 42 characters (includes spaces) See example below.

J	O	H	N		D	O	E							
C	H	O	I	R										
P	R	E	S	I	D	E	N	T						

We are a 501(C)3 non-profit organization and all donations are 100% tax deductible.