



Partners Advancing West Islip Students

P.O. Box 67  
West Islip, NY 11795

Phone: 516 413-6311

WWW.WIPAWS.ORG

**Brick Project Purchase Order**

Date: \_\_\_\_\_

**Name**

**Address**

Telephone Number

Email

P.O. Number: \_\_\_\_\_

Quantity	Description	Size	Unit Price	Total
	Listed in Program	<b>N/A</b>	\$50.00	
	Donor	6 X 6	\$250	
	Patron	6 X 9	\$500	
	Benefactor	9 X 9	\$551 and above	
			<b>Subtotal</b>	
			<b>Balance Due</b>	

Cash \_\_\_\_\_ Check \_\_\_\_\_

Charge: Amex \_\_\_\_\_ Visa/Mastercard \_\_\_\_\_ Discover \_\_\_\_\_

CC# \_\_\_\_\_ Exp Date \_\_\_\_\_

**Solicited by:** \_\_\_\_\_

**Brick Engraving :** SEE REVERSE SIDE FOR DETAILS

**Sent to Engraver:** Date: \_\_\_\_\_ **Installed:** Date: \_\_\_\_\_

Do Not Write in Box: For PAWS Administrative Purposes Only



*Donate a Brick and be Remembered Forever.....*

*PAWS .....Funding Projects and Initiatives for our Children Today and our Future*



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Date: \_\_\_\_\_

<b>6 X 6</b>

Only 4 lines per brick with a maximum of 12 characters per line INCLUDING spaces.

<b>6 X 9</b>

Only 4 lines per brick with a maximum of 16 characters per line INCLUDING spaces.

Please PRINT your message in the appropriate brick size.  
Form will be returned for correction if not in compliance.

<b>9 X 9</b>

Only 5 lines per brick with a maximum of 20 characters per line INCLUDING spaces.

Signature \_\_\_\_\_

