

**VETERAN'S MEMORIAL**  
**OF**  
**GARLAND COUNTY, ARKANSAS**

**P. O. Box 3955**  
**Hot Springs, Arkansas 71914**

**PAVER ORDER FORM**  
**PLEASE PRINT**

**CONTRIBUTOR'S NAME:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**IN HONOR OF:** \_\_\_\_\_

**AMOUNT DONATED:** \_\_\_\_\_

- ( ) ONE STAR - 12" x 12", UP TO FIVE LINES OF TEXT, MAX. OF 24 SPACES WIDE, (\$500.00 CONTRIBUTION.)
- ( ) TWO STAR - 16" X 16", TEN LINES OR SIX/wLOGO, MAX. OF 32 SPACES WIDE, (\$1000.00 CONTRIBUTION.)
- ( ) THREE STAR - 18" X 18"X 18"TALL, GRANITE STANCHION ENGRAVED W/SELECTED APPROPRIATE TEXT, (\$5000. CONTRI.)
- ( ) FOUR STAR - SELECTED NAME WITH YOUR CHOICE OF TEXT, ENGRAVED INTO SPECIAL GRANITE PANELS, 20"X20"X30"H W/ PROMINENT PLACEMENT, (\$10,000. CONTRI.)
- ( ) FIVE STAR - LARGE GRANITE STANCHION W/APPROPRIATE TEXT OR LOGO, 24"X24"X36"TALL IN A PROMINATE AREA, (\$25,000 DONATION.)  
(Drawing of sample stanchion, available upon request.)

Please indicate text, in block letters, or any desired logo design, on an attached sheet, as appropriate.

**Donation Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Provide contributor with signed copy as a receipt.