



SPAULDING

ALUMNI ASSOCIATION

MEMORY WALK

BRICK ORDER FORM

ORDER YOUR LIMITED EDITION BRICK TO BE PLACED ON THE MEMORY WALK AT SPAULDING HIGH SCHOOL

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

MAKE CHECKS PAYABLE TO: **SRAA**
 MAIL TO: **SRAA**
PO BOX 1365
ROCHESTER, NH 03866-1365



PLEASE PRINT CLEARLY. ONE CHARACTER OR SPACE PER BLOCK.
 SUBMISSIONS SUBJECT TO APPROVAL.

BRICK #1

- SPAULDING STUDENTS \$35
- ALUMNI / FACULTY \$50
- BUSINESSES \$50

BRICK #2

- SPAULDING STUDENTS \$35
- ALUMNI / FACULTY \$50
- BUSINESSES \$50

BRICK #3

- SPAULDING STUDENTS \$35
- ALUMNI / FACULTY \$50
- BUSINESSES \$50

LEAVE YOUR MARK ON SHS!