

## Commemorative Tile

Your Name

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Address

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Email:

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Phone:

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Preferred method of contact: \_\_\_\_\_ Mail \_\_\_\_\_ email \_\_\_\_\_ Phone

Check enclosed payable to SCAS

Card Type:  Visa  Mastercard

Name on Card:

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Card Number:

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Exp. Date: \_\_\_\_\_ CSV: \_\_\_\_\_

Choose one: \_\_\_\_\_ \$100 tile (6" x 6") \_\_\_\_\_ \$300 tile (12" x 12")

Signature: \_\_\_\_\_

In the space below, please print your desired text clearly.

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