



**CREATE A LASTING TRIBUTE TO YOUR LOVED ONE**

*Honor your Veteran* with a lasting tribute for their service to their country. **A tax deductible gift of \$252.00** will provide a personalized, beautifully engraved, 4 X 8 Donor Brick with a felt backing and stand. This lasting tribute is sure to be treasured and passed on to future generations.

Your tax deductible donation will assist Veterans Angels, Inc., a 501 (c)(3) public charity, to continue our mission of informing and assisting Veterans and their families to obtain little known benefits to help with the cost of long term care.

Veterans Angels, Inc. provides all services *free of charge* to Veterans and their families. Our only funding comes from patriots like you.



**Yes, we'd like to create a lasting tribute. Please engrave our brick as follows:**  
 (We recommend engraving with all capital letters. Please print carefully.)

**ANY SYMBOL IS CONSIDERED ONE SPACE (PERIOD, COMMA, DASH)  
 ALL TEXT IS CENTERED UNLESS OTHERWISE NOTED  
 Maximum number of characters per line, including periods or commas is 21**

4 x 8 Brick


EXAMPLE

S	T	E	P	H	E	N		B	.		S	T	O	N	E		U	S	M	C
1	s	t		M	A	R	I	N	E		D	I	V	I	S	I	O	N		
1	9	6	1	-	1	9	6	5												

**PLEASE RETURN FORMS AND YOUR DONATION PAYABLE TO:**  
**ORDER SHEET ON BACK.**  
 Veterans Angels, Inc.  
 10170 W. Tropicana Ave., # 156-440  
 Las Vegas, NV 89147  
 EIN # 27-0204290

Date Order Received: \_\_\_\_\_ Date Shipped: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Donation amount: \$252.00

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**Or enter your Credit Card Payment Information: for Visa - MasterCard - American Express - Discover**

Card Number: \_\_\_\_\_ \*(enter number without spaces or dashes)

Expiration Date: \_\_\_\_\_ \*(mmyy)

**Billing Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Shipping Information: Check box to ship to the Billing Information Address**

**Alternate Shipping Address:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Please allow 4-6 weeks for delivery**

If you have any questions, please call Linda Stone at (888) 319-1117.

YOU CAN ALSO ORDER ON OUR WEBSITE: [www.vetangels.org](http://www.vetangels.org)