REQUEST TO PURCHASE PERSONAL	IZED BRICK	FOR LIGH	THOUSE WALKWAY
Brick ordered by:		Address	
City (PO)	State		_Zip
Phone ()	E-Mail		
Inscription: 3 lines of no more than 15 chai	racters/line		
Brick Donation: \$100 – Check payable to: Oak Orchard Lighthouse Museum 14357 Ontario Street, P.O. Box 23			
Kent, NY 14477-0023		(Donations	are fully Tax Deductible)
OFFICE USE ONLY: ORDER#	ORDER ACC	EPTED BY	
PAYMENT OF \$ DATE C	HECK#	_CASH	CERT SENT

Oak Orchard Har	JOIN, RENE	EW, OR	DONATE
Membership. Ple Family/Househo	te to support the Oak Orchar ease send me my Annual Mer level. Levels are: Senior/ old - \$35/yr., Lighthouse Keep anent) – one-time payment of	mbership Ca Student - \$1 per - \$100/yı	ard as a member at the 0/yr., Individual - \$20/yr.,
	so like to make a donation of Phone# (
Name)	E-Mail
Name Address	Phone# () State	E-Mail
Name Address Enclosed is my Please make ch	Phone# (City(PO)	_) State 	E-Mail Zip