

Holden Veterans Memorial  
Order Form Memorial Paver

Purchaser Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone # Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Please note – 4 lines available, 18 letters per line

Line#1

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Line#2

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Line#3

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Line#4

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Approved by Town of Holden

\_\_\_\_\_

Date:

\_\_\_\_\_

Town Official Signature

\_\_\_\_\_

Town Official Printed Name