



TOWN OF
LOWELL
CULTIVATING COMMUNITY

FREEDOM PARK DONOR BRICK ORDER

Name _____

Organization _____

Street Address _____

City/Town _____ State _____

Phone _____

Email _____

Engraved 8" x 16" Bricks \$50 Each

Number of Bricks _____

Please Make Checks Payable to "**Town of Lowell**"

Amount Attached _____

Brick Inscription - 3 Lines/13 characters per line
PLEASE PRINT CLEARLY

Signature _____ Date _____

**Please mail this form with payment to
Town of Lowell Parks Dept. • P.O. Box 157 • Lowell, IN
or drop off at Town Hall Payment drop box or window**