LITTLE RED SCHOOLHOUSE DONATION FORM DR. ROB MORRIS WALKWAY

Mail Brick Order Form to: Kayla Smith, Grand Secretary 130 Clara Foote Road Florence, MS 39073

Address:										
City, State, Zip:										
Phone:										
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P	rint the messo	age exactly a	is you want	t it to appe	ar on the b	orick. All	letters a	re CAP	ITAL.	
Enclosed is my ch	neck for \$		made ţ	payable to	The Grand	d Chapte	r of MS,	OES.		
Each check is a S Please send the C Name:			nal Certific	cates are \$	5.00 each	.)				
Address:										
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