

**WALL OF PIONEERS
Bricks for Commemorative Walk**

**Purchaser's
Name:** _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: (_____) _____

**NAME(S) and/or DATE(S) ON BRICK
* 12 LETTERS, NUMBERS or SPACES PER LINE
* 4 LINES PER BRICK**

**NAME(S)/SPACE(S) and/or DATE(S)
PLEASE PRINT CLEARLY**

PRICE OF EACH BRICK IS \$50.00

**Make checks payable to: Historic Alpine, Inc.
Please send with this completed form to:**

**Karen Williams
Quetzal Imports
P.O. Box 685
Alpine, TX 79831**