



# PARISH FUNDRAISER: ST. BARNABAS CHURCH LEGACY TERRACE

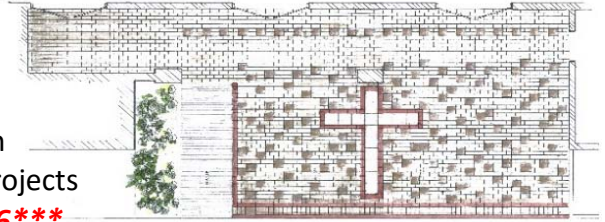
## LEGACY BRICK ORDER FORM




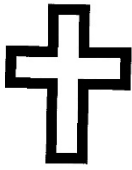



PARISH HALL

Your donation for an engraved brick will support the following faith community projects:

- Parish Hall Entry Remodel • Church Restroom Renovation
- Parish Center Balcony Repair • Deferred Infrastructure Projects

**\*\*\*ALL ORDERS MUST BE PLACED BY: MAY 10th, 2016\*\*\***



  <p><input type="checkbox"/> Option #1      <input type="checkbox"/> Option #2</p> <p>(Please choose preferred layout)</p>	<h3>LEGACY BRICK: (8" x 8")</h3> <ul style="list-style-type: none"> <li>• Maximum 5 lines of printing</li> <li>• 16 characters per line <i>(including spaces)</i></li> <li>• 5 clipart images available <i>(minus 1st line if used)</i></li> <li>• Cost: \$400.00</li> </ul>
<p><b>AVAILABLE CLIPART, PLEASE CHOOSE ONE:</b> (Please CIRCLE your choice below)</p> <p>A1: ANGEL                  B2: CROSS</p> <p>C3: BIBLE/CROSS        D4: DOVE</p> <p>E5: FLOWERS</p>	     <p style="text-align: center;">A1                  B2                  C3                  D4                  E5</p>

*If clipart is chosen, location will be on upper left or right corner of 1<sup>st</sup> line. No other letters allowed on 1<sup>st</sup> line. PLEASE PRINT CLEARLY*

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**PLEASE PRINT CLEARLY**

First Name	Last Name
E-Mail	Phone #

- Please make checks payable to: St. Barnabas Church (**Memo: Legacy Terrace Project**)
- Please submit order form(s), along with payment to: The Parish Office – By May 10th, 2016

For questions, contact: Sandy Komine (562) 833-7290 cell Or Bob Kalowes (562) 225-1946 cell ; Email: [stewardship@stbarnabaslb.org](mailto:stewardship@stbarnabaslb.org)

-----

**[OFFICE USE ONLY] DATE:** \_\_\_\_\_ **RECEIVED BY:** \_\_\_\_\_ **CLIPART CODE:** \_\_\_\_\_

**PAYMENT:**  CASH \$400     CHECK # \_\_\_\_\_ \$400     CREDIT CARD\*