

Yes, I want to have a brick paver inscribed to support Joel Lane Museum House's Commemorative Brick Campaign!

| Name | |
|---|----------------------------------|
| Address | |
| City, State, Zip | |
| Phone | |
| Email | |
| Number of pavers @ \$75 \$ I'd like to make an additional donation of \$ Total enclosed \$ I would like to pay byCheck orCredit Card | |
| Please list all digits from your credit card Expiration Date | |
| Signature | |
| <u>Per paver</u> engraving desired—limit: three lines of text and 17 characters (i per line (Attach additional sheet if more than one paver desired): | ncluding spaces and punctuation) |
| | punctuation |
| Mail to: Joel Lane Museum House P O Box 10884 Raleigh NC 27605 Questions? Phone the office at 919-833-3431 or email joellane@bellsoutl | |

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