DeGlopper Memorial

Paver Order Form

8" x 8" Brick

Name _____ Phone _____ Email _____

Street Address / City / State / Zip Code _____

Payable to: Charles N. Deglopper Memorial Expansion Committee

$375 Donation Per Paver
**Price Includes Sales Tax*

Check # _____ Date _____

Donor Signature _____ DeGlopper Committee Signature _____

Please Mail To:

Charles N. DeGlopper Memorial VFW Post 9249
Attn.: Memorial Fund - Paver
2121 Grand Island Blvd.
Grand Island, NY 14072

Form Rev. 5/21