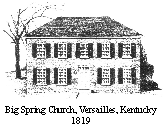
**Woodford County Historical Society**



**Engraved Brick Program Form**

**Yes! I want to leave my mark on Woodford County history!**I am enclosing my donation of $\_\_\_\_\_\_\_\_ (**minimum donation of $100 for each brick**). Please inscribe my brick as follows (please print legibly):

\_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  
  
\_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  
  
\_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  
  
**Each brick inscription may have up to three (3) lines of text with up to 18 characters per line. Spaces and punctuation count as characters.**  
Please make your check payable to the Woodford County Historical Society and mail with this completed form to 121 Rose Hill, Versailles, KY  40383. Alternatively, if you wish to use PayPal, our account name is [woodfordkyhs@gmail.com](mailto:woodfordkyhs@gmail.com). Please check here if using PayPal \_\_\_\_\_\_\_\_\_\_\_  
  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Daytime Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Send the Certificate of Ownership to:  
  
\_\_\_\_ Same person as above  
  
\_\_\_\_ Someone else (please fill in information below)  
  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_