



Clintonville Veteran's Memorial Sidewalk Paver Brick Donor Form

Name of Individual or Business: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Phone Number: _____

Amount Donated: \$ _____

Please indicate below the wording on your donor brick. Blank spaces and punctuation are included in the allotted spaces per line. No logos will be allowed on the bricks.

Donations \$150 - \$999

5" x 8" Paver Brick
Maximum of 13 Characters
per line and 3 Lines

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Donations \$1,000 - \$4,999

8" x 11" Paver Brick
Maximum of 17 Characters
per line and 3 Lines

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Donations \$5,000 +

11 1/2" x 11 1/2" Paver Brick
Maximum of 17 Characters
per line and 3 Lines

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Return Application to:
City of Clintonville
50 10th St
Clintonville, WI 54929

Phone: 715-823-7600

Fax: 715-823-1352

Make Checks Payable to: City of Clintonville