

**CONGRATS
JOHN SMITH
CLASS OF
2015**

Your Message:

\$500: 12" x 12" brick – max. 9 lines, 16 characters per line

\$250: 6" x 12" brick – max. 4 lines, 16 characters per line

\$175: 6" x 6" brick – max. 4 lines, 8 characters per line

If you would like to see messages other donors have written, please call or e-mail Tim Traynor.



**You Can Remember
a Special Event or
Loved One in**

*St. Therese,
The Little Flower,
Memorial Plaza*



1155 Aurora Avenue • Naperville, IL 60540
For further information please contact Tim Traynor at
Phone: (630) 961-6125 or ttraynor@ascacademy.org

St. Therese, The Little Flower Memorial Plaza offers you an opportunity to honor and memorialize members of our All Saints Catholic Academy community and the special moments of their lives.

Reasons to consider a Memorial Brick:

- You can honor special people such as grandparents or a teacher, or your entire family.
- Your family can demonstrate its lasting connection to All Saints.
- You can memorialize events such as First Communion and Graduation.
- You can purchase and give a unique gift, or celebrate a special memory.
- You can claim a spot in All Saints history with a lasting memorial.
- Each brick comes with a lifetime free replacement warranty! It will be a gift that lasts a lifetime!
- When you purchase a brick, you are making a donation that can be tax deductible.

Consider Purchasing a Personalized Brick

- \$500:** one 12" x 12" brick
(max 9 lines / 16 characters each line)
- \$250:** one 6" x 12" brick
(max 4 lines / 16 characters each line)
- \$175:** one 6" x 6" brick
(max 4 lines / 8 characters each line)

*St. Therese, The Little Flower,
Memorial Plaza*

- ☐ Yes, I would like to purchase a brick:
_____ (#) 12" x 12" bricks @ \$500 ea.
_____ (#) 6" x 12" bricks @ \$250 ea.
_____ (#) 6" x 6" bricks @ \$175 ea.

Duplicate "memento" brick for home or office – same engraving limits – REQUIRED: purchase of similar sized plaza brick.

- _____ \$100 (12"x12" brick)
_____ \$75 (6"x12" brick)
_____ \$50 (6"x6" brick)



Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: (____) _____

Email: _____

Payment Method:

- ☐ I am a current ASCA parent, please charge my FACTS account.
- ☐ I am not a current ASCA parent, enclosed is my check for \$_____
- ☐ Please charge my credit card: (please circle one)
- MasterCard / VISA / AmEx
- Credit Card # _____
- Expiration date: _____ / _____ / _____

