



South Loop Dog Park Action Cooperative

**P.O. Box 4469
Chicago, IL 60680-4469**

312.264.5630
dogpac@southloopdogpac.org
http://southloopdogpac.org

Commemorative Bricks for Grant Bark Park located next to (east side of) Metra Tracks, north of 11th St. Pedestrian Walkway

I would like to order _____ brick(s) @ \$100 each or _____ brick(s) at \$250 each.

- Enclosed is my check payable to South Loop Dog P.A.C.
 Please charge my credit card. MasterCard VISA

Acct # _____ Exp. Date (mm/yy) ____ / ____

Signature _____

Name _____ E-mail _____

Address _____ City _____ State ____ Zip _____

Phone 1 _____ Phone 2 _____

Please send completed form with payment to:
South Loop Dog P.A.C., P.O. Box 4469, Chicago, IL 60680-4469

One form per brick, please.

PLEASE NOTE: In May, 2004, the Chicago Park District instituted a policy regarding the words that may be inscribed on bricks:

"The only inscriptions that will be allowed are those that:

- a) contain only the name(s) of the donor(s) or family member(s) of the donor(s) including any official title, such as Dr. or Alderman - OR
- b) commemorate the death of a family member, and in such instances may include the name of the deceased, the words "In memory of" and the deceased person's name, and a date - OR
- c) in instances in which the park allows pets, the name(s) of the donor's pet(s)."

*****Please contact us if you have any questions about what text will be permitted.***
 The Park District reviews all brick text.**

**Option A
\$100**

**Option B
\$250**

- Option A (\$100); Maximum 3 lines, up to 24 Characters total
 Option B (\$250); Maximum 5 lines, 25-40 Characters total

Spaces and punctuation marks count as characters.

Option A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Keep a Copy for Your Records.