



HOB II (female transitional facility)

CAPITAL CAMPAIGN

C/O Home of the Brave

6632 Sharps Rd

Milford, DE 19963

**Donation: $100.00 per brick (100% Tax Deductible)** BRICK SIZE 4X8

**Make Checks payable to: Home of the Brave**

**Please print form, fill out completely and mail form along with a check to the above address.**

You may provide up to three lines of inscription. The top line may say “In honor of” or “In memory of” if you choose. Military Branch, Ranks, etc. are permitted.

Each paver may contain up to three (3) lines with 18 characters per line (lines will be centered).

Spaces & Punctuation such as dashes or commas are counted as a character. Home of the Brave reserves the right in its sole discretion to deny any application and return the paver donation. Questions can be directed to Jessica Finan at [jfinan@homeofthebravefdn.org](mailto:jfinan@homeofthebravefdn.org) or 302-424-1681.

I would like my inscription to read: (18 characters per line only)

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Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_