

Contribution Form for 'A Simpler Time' Sculpture Project

Please print inscription below. Place one character per box provided. No more than 13 characters & spaces per line. *Inscription Guidelines: Bricks will be inscribed as requested by donors and shall be limited to the names of people (including those deceased, for example, in honor of..., or, in memory of...), families, businesses or organizations. Final approval of brick inscriptions will be made by the LCCVF Board of Directors.*

| | | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| <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"/> |

Name of Contributor _____

Mailing Address: _____

City, State Zip Code _____

Check Desired Brick Size

- | | |
|---|---|
| <input type="checkbox"/> \$100.00 Single Size Brick 4" x 8" | <input type="checkbox"/> \$250.00 Double Size Brick 8" x 8" |
| <input type="checkbox"/> \$500.00 12" x 12" (Granite) Brick <input type="checkbox"/> Company or organization logo is available at this level for an additional \$100.00 | <input type="checkbox"/> \$5,000 12" x 12" (Granite) Brick & Bronze Miniature of Sculpture |

Detach and Return w/check or money order enclosed to:

La Crosse City Vision Foundation
P.O. Box 0175
La Crosse, WI 54602-0175
Telephone: (608) 796-1001

Make checks or money orders payable to:
La Crosse City Vision Foundation

Monies raised above the cost of the sculpture will be earmarked for the LCCVF endowment!
This endowment will be used to fund future downtown related special projects.

LA CROSSE
Tribune



Note: Bricks ordered between March 1 and August 1 will be inscribed and placed in the Plaza by October 1. Bricks ordered between August 1 and March 1 will be inscribed and placed in the Plaza in May.