



Service Legacy Bricks

For a \$50 donation, each brick will be engraved with the K9's name, department, and years of service. Keepsake bricks can be purchased for an additional \$25. Please add \$5.00 for shipping for each additional brick.

All funds raised from this project will be used for the memorial site's enhancements and maintenance.

Purchaser's Name: _____

Contact Telephone Number(s): _____

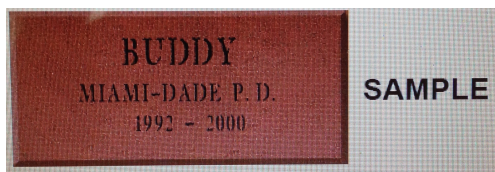
Ship To Name: _____

Ship To Address: _____

City/State/Zip: _____

BRICK ENGRAVING

(3 LINES ONLY, MAXIMUM 16 LETTERS/SPACES PER LINE, NO SYMBOLS OR LOGOS)



ORDER INFORMATION

Legacy Brick: \$50.00

Keepsake bricks? _____ \$25.00 per keepsake brick

Shipping: _____ \$5.00 per keepsake brick

Total Amount Due: \$ _____

If brick is needed by a certain date, indicate here

PAYMENT INFORMATION

☐ Check

☐ Credit Card

☐ MasterCard

☐ VISA

☐ American Express

☐ Discover

Account #: _____

Exp. Date: _____

PLEASE MAIL OR EMAIL THIS ORDER FORM AND A SIGNED SERVICE LEGACY BRICK AGREEMENT TO:

Police Officer Assistance Trust
1030 NW 111th Avenue, Suite 232
Miami, FL 33172

Any questions? Please call the POAT office at (786) 336-1017
or send an email to : poatoffice@msn.com

THE SERVICE LEGACY BRICK AGREEMENT MUST ACCOMPANY THIS ORDER FORM.

POAT USE ONLY:

Order Date _____ Date Mailed _____ Deposit Date _____

Credit Card Approval Code _____ Date _____

Payment Invoice # _____ Database Entry _____

Service Legacy Brick Agreement

I, _____, understand that the Service Legacy Brick that is placed at the Police K-9 Memorial Site with my canine partner's name will be installed in the walkway when enough bricks have been compiled to make the installation cost effective. I acknowledge that the Service Legacy Brick is owned by and will remain the property of the Police Officer Assistance Trust (POAT). My fifty-dollar (\$50) donation to POAT will cover the cost of the brick, engraving, installation, and certificate. Any remaining funds will be deposited in the POAT treasury.

By signing this agreement I attest to the fact that the following criteria have been met:

1. The canine retired from and/or served in a law enforcement agency within the boundaries of Miami-Dade County.
2. I agree to provide documentation attesting to the canine's service with a qualified agency if requested by the POAT K-9 Memorial Committee.
3. The Police Officer Assistance Trust reserves the right to remove the brick and refund the donation, less material and labor cost, if the committee deems it necessary.

I would like to purchase a duplicate Service Legacy Brick for \$25 (initials)_____.

Applicant's Signature

Date

Applicant's Printed Name