

# THE WORLD WAR II



# VETERANS MEMORIAL

P.O. Box 5652  
 SPRINGFIELD, IL 62705-5652  
 (217) 525-9048  
 WW2IL.COM

## COMMEMORATIVE OR SPONSORSHIP BRICK APPLICATION

The World War II Illinois Veterans Memorial was built in Springfield to honor all who served their country in this war. The memorial was designed with a central area of commemorative bricks for individual Illinois veterans. These veterans' memorial bricks are available with a minimum \$300 donation dedicated to the remembrance of the sacrifice made by individual veterans.

### GUIDELINES FOR VETERANS' BRICKS

1. Veterans' bricks are only available for Illinois World War veterans with an honorable discharge, a discharge under honorable conditions from each tour of duty, or those who died in service to their country.
2. The World War II veteran must have entered the service from Illinois or currently reside in Illinois.
3. Each application must be on a separate form and be accompanied by the minimum \$300 donation. A \$25 fee will be charged on all returned checks.
4. Any memorial brick that does not meet all stated requirements will be removed. No refund will be given, and a charge will be assessed for the cost of removal.
5. Bricks are installed in the Spring and Fall. Donors are notified by mail when installation is complete. Deadline for Spring install is March 15. Deadline for Fall install is September 15th.

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### APPLICATION FOR VETERAN'S MEMORIAL BRICK

Check #	Money Order #
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Make check or money order payable to: World War II Illinois Memorial Board

### INFORMATION TO BE INCLUDED ON MEMORIAL BRICK

Each brick can include three lines with up to twenty characters per line. All punctuation and spaces are included in this character count. Please print clearly. Suggested format below:

Line 1 -Name (Print exactly as it should appear)	Line 2 - Branch of Service
Line 3 - War, Conflict, Time Served	
<input type="checkbox"/>	<i>I have proofed the above inscription for the memorial brick and agree to its accuracy. If I have approved an error that is not discovered until after installation, I agree to pay any additional charge to have the error rectified.</i>

Donor's Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Required** Donor's Address: \_\_\_\_\_

Donor's Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_



An Illinois Not-for Profit Corporation \* Official Tax ID: 37-1396248  
 Contributions are Tax-Deductible to the Extend Allowed by Law