

# CITY OF COLUMBIA FIREFIGHTERS PARK MEMORIAL BRICK SPONSORSHIP FORM

**\$100.00 – 4 X 8 BRICK**

**(15 Characters per line, 3 Lines)**

**\*\*\*Space and punctuation count as characters\*\*\***

**Donor Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Company** \_\_\_\_\_

**Street Name** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**MAX AMOUNT OF CHARACTERS PER LINE IS 15, INCLUDING SPACES**

**Line 1 -** \_\_\_\_\_

**Line 2 -** \_\_\_\_\_

**Line 3 -** \_\_\_\_\_

**\*Forms are only accepted with payment or donation through Community Foundation\***

[www.cfmt.org](http://www.cfmt.org)

**Make checks payable to City of Columbia**

**Mail form to Columbia Fire & Rescue 1000 S Garden St, Columbia, TN 38401**

**For more information, call 931-560-1700**

**Signature** \_\_\_\_\_

## FOR STAFF USE ONLY

**RECEIVED BY** \_\_\_\_\_ **RECEIPT #** \_\_\_\_\_

**NAME ON CHECK** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Payment type: Check** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Donation to Foundation** \_\_\_\_\_