

RU STUDENT BRICK RECOGNITION PROGRAM

Buyer Name(s) _____

Address _____

Telephone _____

E-mail _____ Graduation Year(s) _____

Relationship to brick recipient _____

Payment (\$100 per brick):

Check payable to *The Radford University Foundation, Inc.*

Credit card: MasterCard Visa Discover

Acct. # _____-_____-_____-_____ Exp. Date ____/____

CVV2 #: _____ (*this is the 3-digit # on the back of your card*)

Signature _____

Amount enclosed: \$ _____

Please inscribe my 4" x 8" brick as follows: *Limit of 13 characters per line. Only one letter, punctuation mark, or space per box.*

Line 1

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Line 2

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Line 3

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You do not have to use all three lines; text will be centered on brick.

Select location: Tartan Plaza Waldron College

Mail form to:

Radford University Office of Advancement

P.O. Box 6915

Radford, VA 24142