



LEGACY HALL TILES

Name _____
 Address _____ (Street)
 _____ (City, State & Zip)
 Phone # _____

Tile Options: (tiles will be red with white lettering)
 Layout: (check one)

- "In Memory Of" and Name of Person
- Name and Year of Graduation
- Name only (**no company names or advertising**)

Name as you want it to appear on tile (max of 12 characters per line)
 If tile should include year of graduation, write it in line 3
 If tile is a memorial, please leave 3rd line blank

	(line 1)
	(line 2)
	(line 3)

Cost per tile is \$25.00. Please send check or money order (payable to Bellingham High School ASB) along with this order form to:

BELLINGHAM HIGH SCHOOL ASB
 2020 Cornwall Ave
 Bellingham WA 98225-3648

Or stop by the ASB Office at the school. Questions? Call the ASB Office @ 676-6575 x 7111