

Buy A Brick at The Leaven Center!
Registration Form

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Brick Inscription

Limited to three lines, 15 characters per line, including spaces

Payment Methods

Check

Made out to **Leaven** and mailed to: Leaven, P.O. Box 97, Lyons, MI, 48851.

Credit Card

VISA/MasterCard/Discover (circle one)

Card Owner's Name: _____

Card Number: _____ Exp. Date _____

Card Owner's Signature _____ Date _____

Thank you for your support!