



Arizona Silent Service Memorial Foundation  
 PO Box 86155  
 Phoenix, AZ 85080

**IMPORTANT INFORMATION**

All ASSM Paver Purchases must:

- Have a maximum of six lines of text;
- Include no more than 18 characters (including spaces) per line (please adjust name to fit the allotted space);
- Placement of paver in the Memorial will be determined in order in which purchase is received.
- Only letters and symbols on a standard keyboard are acceptable. All text will be automatically centered and in uppercase.

You may elect to have only one line, two lines, etc. up to a maximum of six lines.

Line One: Maximum of 18 characters (including spaces)

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Line Two: Maximum of 18 characters (including spaces)

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Line Three: Maximum of 18 characters (including spaces)

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Line Four: Maximum of 18 characters (including spaces)

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Line Five: Maximum of 18 characters (including spaces)

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Line Six: Maximum of 18 characters (including spaces)

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Purchaser's Name:

Purchaser's Address:

City:

State:

Zip Code:

Phone number: (used for contacting purchaser by ASSM)

Email address: (used for questions to purchaser by ASSM)

**IMPORTANT:** Before submitting this form, please verify that all information is correct. Once submitted, this information cannot be changed.

Abbreviation Samples:

- USA, USMC, USN, USAF, USCG, USMM, AZANGB, AZAFNGB (State abbreviation, A or AF, National Guard Bureau)
- MIA/KIA/POW: Service, year entered
- MIA (USA 965-MIA)
- KIA: Service, KIA, date KIA (USA KIA 11-12-65)
- POW: Service, years served in military POW (USAF 1965-1985 POW)
- Active Military: Service, year entered, dash (USAF 2009- )

To make payment by credit card, use form on reverse side. To pay by check or money order, mail this form with your payment to:

ASSM Foundation, PO Box 86155, Phoenix, AZ 85080

ASSM Paver Purchase Form



Arizona Silent Service Memorial Foundation  
PO Box 86155  
Phoenix, AZ 85080

To pay by Credit Card: (Master Card, Visa, Discover, American Express, please fill out the below information so that the ASSM Foundation can process the payment transaction). All fields must be filled out.

Type of Card (Circle one): Master Card    Visa    Discover    American Express

Name of Card Holder (as shown on card):

Mailing Address of Card Holder (where you receive your statement):

Street Address:

City:

State:

Zip Code:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone Number:

Charge Card Account Number:

Card Expiration Date (month/year):

CSV Code: (3 digit code on reverse of card)

<input type="text"/>	<input type="text"/>
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Signature (Required):

Upon completion of your form, please mail to: ASSM Foundation, PO Box 86155, Phoenix, AZ 85080

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The ASSM Foundation Committee thanks you for your purchase. The information you submitted will be processed as soon as possible and you will be notified with a confirmation letter. If you have question(s) or would like to assist the ASSM Committee in this endeavor, please contact us at the phone number below or at the address.

ASSM Foundation Committee

PO Box 86155

Phoenix, AZ 85080

Phone: (602) 866-8506

Email: [info@arizonasilentservicememorial.org](mailto:info@arizonasilentservicememorial.org)

Website: [www.arizonasilentservicememorial.org](http://www.arizonasilentservicememorial.org)