



5050 Santa Fe Drive
Atwater, CA 95301

209-723-2178

www.castleairmuseum.org

Memorial Bench Order Form

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Payment Options:

Check # _____

Credit Card – Visa _____ Discover _____ American Express _____ Master Card _____

Card # _____ 3 digit CVV# (on back of card) _____

Expiration date: ____/____/____ Zip Code for payment card _____

Signature/Authorized Person _____

Contact phone # _____

Email _____

Number of Benches: _____ @ \$2,500.00 per bench

Total: \$ _____

Inscription (60 characters total)

Bench #1:

Bench #2