

Nexus-Onarga & Onarga Military School Sidewalk Brick Project

ORDERING YOUR BRICK

To pay by check, please download and print this order form to return with your payment. If ordering multiple bricks, **please use a separate form for each brick.**

Please make checks payable to Nexus Family Healing and mail with the completed form to:

Nexus Family Healing
Attn: Nexus-Onarga Brick Campaign
505 Hwy 169 N, Suite 500
Plymouth, MN 55441

If you wish to pay by credit card, please use the online form found at www.nexusfamilyhealing.org/OMS-Brick-Project or call Dorothy Skobba, Foundation Operations Manager, at (763) 551-8640 ext. 01059.

Bricks must be confirmed before September 1, 2025, to ensure placement prior to the OMS Alumni Association Fall Homecoming Weekend in October 2025.

For any questions and/or concerns, please contact Joelene Evenson, Vice President of Philanthropy, at jevenson@nexusfamilyhealing.org or call 612-760-4549.

BRICK DETAILS

Cost: \$200 per brick. Each brick is a 4" x 8" English Edge brick.

Bricks will be installed in the Onarga Military School Memorial Sidewalk on the campus of Nexus-Onarga Family Healing in Onarga, Illinois. Confirmation of installation will be provided to the recipient.

The OMS Alumni Association and Nexus Family Healing reserve the right to review and approve any inscription prior to engraving. This donation is tax-deductible. It is understood that this gift is for the normal life of the brick.



BRICK PURCHASE

1 brick @ \$200

TRIBUTE GIFT (OPTIONAL)

This gift is:

In Honor of _____
(Full name)

In Memory of _____
(Full name)

Please notify the following person of my gift:

First Name: _____

Last Name: _____

Country: _____

Address: _____

City: _____

State: _____ Zip: _____



BRICK INSCRIPTION (MAXIMUM OF 18 CHARACTERS PER LINE)

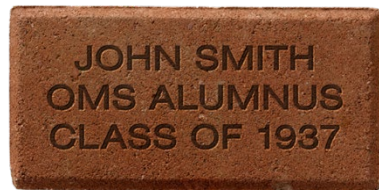
Please note: Each brick may have up to three lines of 18 characters per line. **Character count includes all spaces, punctuation, and letters.** All letters will be capitalized, and all lines will automatically be centered. Each line must end with a full word or name (words and names will not be hyphenated and continued on the next line).

Examples:

In Honor of
John Smith
OMS Class of 1937



John Smith
OMS Alumnus
Class of 1937



Brick Line 1: _____ (optional)

Brick Line 2: _____ (optional)

Brick Line 3: _____ (optional)

Leave a comment (optional):

NAME AND ADDRESS

Make this gift on behalf of an organization (optional)

Organization name: _____ (optional)

Name: _____
(first name) (last name)

Email: _____

Phone: _____



Country: _____

Address: _____

City: _____

State: _____ Zip: _____

I would like this gift to remain anonymous.

My check payable to Nexus Family Healing is enclosed.

Thank you!