

Texas Christian University

DEE J. KELLY
ALUMNI &
VISITORS CENTER

BRICK BY
BRICK. . .



2820 Stadium Drive
Fort Worth, TX 76129

MAKE YOUR NAME A
PERMANENT PART OF
TCU

Join other alumni and friends of TCU who have made their names a permanent legacy in the terrace adjacent to the Dee J. Kelly Alumni & Visitors Center!

For each gift of \$100, you can inscribe a brick with your name or the name of a family member or friend, up to 14 characters per line, two lines per brick. Bricks are laid annually in the fall. Please submit this form by May 31, if you want your brick installed by Homecoming.



Due to the unique sizing of each brick, please be advised that once your brick(s) have been placed in the ground, they cannot be moved or relocated.

TCU

ALUMNI ASSOCIATION

Texas Christian University

TCU Alumni Association
TCU Box 297430
Fort Worth, TX 76129
Phone: 817-257-7803 or
800-646-4TCU





CREATE YOUR
OWN BRICK(S)

YES! I WANT TO ADD MY BRICK(S) TO THE DEE J.
KELLY ALUMNI & VISITORS CENTER.

ENCLOSED IS \$ _____ FOR _____ BRICKS
(\$100 PER BRICK).

NOTE: THE FULL AMOUNT OF THIS GIFT IS TAX-
DEDUCTIBLE. YOU WILL RECEIVE NO GOODS OR SER-
VICES IN RETURN. MATCHING GIFTS FROM COMPANIES
MAY ALSO BE APPLIED TO ALL CONTRIBUTIONS.

**Memorial/Honorary
Opportunity**

My gift is:

In memory of: _____

In honor of: _____

Self: _____

Send acknowledgement of this gift to:

Name: _____

Address: _____

City, State, Zip: _____

PLEASE CALL 817-257-7803 OR
800-646-TCU WITH ANY QUESTIONS REGARDING
THE BRICK PROGRAM.

One name per brick. Fill in blocks **EXACTLY** as you want them to appear. Leave a space between names.
Two lines per brick, 14 characters per line. Punctuation and spaces count as characters.

Brick 1
Line 1: _____
Line 2: _____

Brick 2
Line 1: _____
Line 2: _____

Brick 3
Line 1: _____
Line 2: _____

**Due to the unique sizing of each brick, please be advised that once your brick(s) have been placed
in the ground, they cannot be moved or relocated.**

Brick Information (please print!)

Purchaser's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Home Phone: (____) _____

I have enclosed a check.

Please bill my credit card: Type of card: _____

Total Amount: \$ _____

Name on Card: _____ Daytime Phone: _____

Credit Card #: _____ Expiration date: _____ Verf.#: _____

Signature: _____