



## Onarga Campus & 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: 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](http://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, 2026, to ensure placement prior to the OMS Alumni Association Fall Homecoming Weekend in October 2026.**

*For any questions and/or concerns, please contact Joelene Evenson, Vice President of Philanthropy, at [jevenson@nexusfamilyhealing.org](mailto: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 Onarga campus 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)

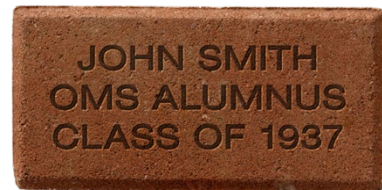
Please note: Each brick may have up to three lines of 18 characters per line. **Character count includes all spaces, punctuation, and letters.** All letters will be capitalized, and all lines will automatically be centered. Each line must end with a full word or name (words and names will not be hyphenated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