



MONTFORD POINT MARINE MEMORIAL PROJECT

Preserving the Legacy of the Montford Point Marines

824 Gum Branch Rd, Suite M

Jacksonville, NC 28540

(850) 499-6727

HOW YOU CAN HELP

Montford Point Marine Association (MPMA)

National Vice President: **James H. Carr**

National Legal Counsel: **Ernest J. Wright Esq.**

Monument Director: **Houston T Shinal**

Contractor(s) / Advisors

Designer / Project Strategist: **O. Liam Wright**



CWO-4 James Avehart Jr.

National President



To Purchase Online, or for more information visit: www.mpmamemorial.com or, contact the Monument Director CWO-5 Houston T. Shinal (Ret) at 850 499-6727 or monumentdirector@montfordpointmarines.com

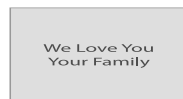
HOW YOU CAN HELP

You can help through Individual and Cooperate Donations, Cooperate Sponsorships, In Kind Services, and Special Fundraising programs and events.

The National Montford Point Marine Association, Inc. is a 501 (c) (3) non-profit veterans organization. The Association is not financially supported by any university or governmental agency.

Your tax deductible purchase will help us complete this Memorial. Your purchase of a Engraved Brick or Bronze Cast Bench Plaque will be placed in the Memorial.

Purchase Levels	Custom Brick / Plaque
Donations: Cash or Pledges	
\$500	Engraved Brick
\$10,000	12 x 12 Bronze Cast Bench Plaque



4 x 8 Brick



12 x 12 Bench Plaque

*Purchase online at www.mpmamemorial.com or fill out the **Purchase and Order Form** on the following pages.*

If you have any questions. Please contact: **Monument Director** –
Houston T. Shinal at 850 499-6727 or monumentdirector@mpmamemorial.com

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PURCHASE FORM

All orders must be received by June 31, 2012.

Please complete this order form and return it with a check payable to MPMA Memorial Fund.

* Required Fields

* Choose Your Purchase

<input type="checkbox"/>	DONATION	
<input type="checkbox"/>	\$500	4 x 8 Engraved Brick
<input type="checkbox"/>	\$10,000	12 x 12 Bronze Cast Bench Plaque

* if applicable Company / Association Name:

* if applicable Your Title at Company / Association Name:

* Last Name:

MI:

*First Name:

* Address:

* City:

* State:

* Zip:

* Phone: () -

Email:

Check this box to receive a tax deductible receipt.

Make checks or Money Order payable to:

MPMA Memorial Fund

Mail To:

Attn.: Memorial Director

P.O. Box 7222

Jacksonville, NC 28541

ORDER FORM

Please complete this order form to purchase a brick or bench plaque. *All brick / bench plaque orders should be received by **1June , 2011**. We reserve the right to reject or edit any message. Please fill in the grid below with your brick message. Add only one letter per square.

Message Example - 1 letter, number, or punctuation mark per blank box

M	E	S	S	A	G	E		G	O	E	S		H	E	R	E	!			
---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	--	--	--

4 x 8 Brick - 3 lines • 18 characters per line.

12 x 12 Brick, Or Bench Plaque - 10 lines • 23 characters per line

Note: Mail this Order Form along with the previous **Purchase Form.**

Our Goal is Two-Fold

1. To build a Memorial that honors the service and sacrifices of over **20,000 Marines** African-American Marines who trained on Montford Point Camp.
2. To **educate** and **inspire** our Armed Forces, the American public at large, young, and old alike.

The Memorial will stand proudly as a physical manifestation of the value of **perseverance in the face of adversity.**



MONTFORD POINT MARINE ASSOCIATION, INC.
NATIONAL MONUMENT DIRECTOR
P.O. Box 7222
Jacksonville, NC 28541
Tel: (850) 499-6727

I, _____, do hereby agree to support the
Montford Point Marines Memorial Fundraising effort.

OPTIONS

- 1. Single Donation:** I have enclosed a donation of \$ _____.
- 2. Installment Pledge:** I pledge \$ _____ Starting on _____.
To be paid in _____ monthly payments of \$ _____ each.
- 3. Brick Pledge:** I pledge \$ _____, starting on _____ to be
paid in _____ monthly payments of \$ _____ each. No. of Brick(s) _____,
Brick Size(s) _____.

I understand and agree that this pledge is a financial obligation made
between myself and Montford Point Marine Association Inc.

I agree to make scheduled pledge payments as listed above.

I further understand that National Monument Working Group will make
other financial obligation based on the pledge I have indicated in this form.

Signature _____ Date _____

Mail this form to Monument Director,
P. O. Box 7222
Jacksonville, NC 28541

Make a credit card donation at www.mpmamemorial.com

YOUR SUPPORT IS GREATLY APPRECIATED!

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