

New York

# Crime Victims' Assistance Task Force

New York Crime Victims' Keepsake Brick Application

**Please Print:**

**Name of Victim:** \_\_\_\_\_

**Name & Shipping Address of person  
purchasing the brick**

\_\_\_\_\_  
\_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Please check which size:**

<input type="checkbox"/>	1.5 x 3 x 1/2	3 lines, 18 characters	\$10.00
<input type="checkbox"/>	3 x 3 x 1/2	6 lines, 18 characters	\$13.00

*Please make checks payable to:*

*NY Crime Victims' Assistance Task Force  
P.O. Box 3298  
Saratoga Springs, NY 12866*