



Memory Walk Bricks and Pavers

You can help "pave" the way for quality healthcare in the future.

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Business Phone: _____
 Email Address: _____

Please print your message below exactly as you would like it to appear on the brick. No more than 14 characters per line including spaces and punctuations. Be sure to leave appropriate spaces between words. Periods, commas, and other punctuation marks count as a space. No need to center the words, that will occur automatically during printing.

_____ I would like to order a 4X8 brick for \$100 (3 lines – 14 characters per line)

_____ I would like to order an 8X8 paver for \$250 (6 lines – 14 characters per line)

Enclosed is my total brick order of \$_____. Please make checks out to GRHC Foundation.

I would like to pay with credit card. _____ VISA _____ MasterCard

Card Number _____ Exp date _____

Signature _____

Please return completed form to:
GRHC Foundation
 507 S. Monroe
 Lancaster, WI 53813

Feel free to call the Foundation Office at 608-723-3358 with questions. Thank you!

