WHITE COUNTY MEMORIAL HOSPITAL FOUNDATION

HEALING GARDEN PAVERS

Contact Name: _____

Contact Phone Number: _____

Address: _____

City, State & Zip: _____

Number of Bricks: _____

please print clearly, only one letter or symbol per slot and a space counts as a slot

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

3 Lines per brick / 14 Characters per line
text will be centered vertically and horizontally

$500 per brick (for multiple bricks please fill out form for each individual brick)

Return this form with payment to:

WCMH Foundation
PO Box 952
Monticello, IN 47960