



## Order and Inscription Form – 8” x 8” Brick

Company or Individual Donor Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### PAYMENT OPTIONS – 8” x 8” Brick - \$500

Cash     Check     Credit Card - VISA / MC / Discover / American Express (circle one)

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

I have included my check made out to CentraState Healthcare Foundation

### Please notify the following individual of this gift (optional)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Inscription: 8” x 8 -- 6 lines of text / 13 characters per line (including spaces and punctuation)**


**All submissions will be reviewed by the CentraState Healthcare Foundation office  
Bricks will be installed by the flagpole outside the Main Lobby entrance of CentraState Medical Center**

**Please fill out this form and return to CentraState Healthcare Foundation  
225 Willow Brook Road, Suite 5, Freehold, NJ 07728**

If you have questions or need more information,  
please call the Foundation Office at 732-294-7030 or email [Foundation@CentraState.com](mailto:Foundation@CentraState.com)

<https://www.centrastatefoundation.org/ways-to-give/pave-the-way/>