



## Order and Inscription Form 4" x 8" Brick

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

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

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

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

### PAYMENT OPTIONS – 4" x 8" Brick - \$250

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: 4" x 8" -- 3 lines of text / 13 characters per line (including spaces and punctuation)  
Text will be in all capitals.**


**All submissions will be reviewed and approved by CentraState Healthcare Foundation.  
No emails, phone numbers or website addresses may be used in an inscription.  
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/>