



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)
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

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