

WE INVITE YOU TO
PAVE THE WAY
 TO HEALTHIER COMMUNITIES AT CENTRASTATE

Company or Individual Donor Name: _____

Contact Person: _____

Address: _____

Contact Email: _____ **Contact Phone:** _____

PAYMENT OPTIONS (please check one): **4" x 8" Brick - \$250** **8" x 8" Brick - \$500**

Please make your check payable to CentraState Healthcare Foundation and mail to address at the bottom of this form.

If you prefer, we accept: VISA / MC / Discover / American Express (please circle one)

Card Number: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

For a secure online donation please visit: www.centrastatefoundation.org/give

Please notify the following individual of this gift (optional)

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Please list inscription for 4" x 8" brick paver in boxes below (one character per box).
 3 lines of text / 13 characters per line (including spaces and punctuation).
Text will be in all capitals.

Please list inscription for 8" x 8" brick paver in boxes below (one character per box).
 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

For questions or information contact Foundation Office at 732-294-7030 or email
Foundation@CentraState.com