



TEAM MEMBER APPEAL 2023 – BRICK PAVER ORDER FORM

Contact Person: _____ Team member ID #: _____

Address: _____

Contact Email: _____ Contact Phone: _____

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

Payroll Deduction: Please deduct \$_____ per pay for _____ number of years (maximum 5 years).

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: <https://www.centrastatefoundation.org/ways-to-give/team-member-appeal/>

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.
Brick pavers 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 or scan and email to CS_Foundation@AtlanticHealth.org

For questions or information contact Foundation Office at 732-294-7030 or email
CS_Foundation@AtlanticHealth.org

****Please note – orders received by March 30 will be installed in May, orders received by September 30 will be installed in November.**