



(PLEASE PRINT)
Name

GARDEN OF HOPE

LOCATED AT PARIS COMMUNITY HOSPITAL

Sponsored by the PCH/FMC Cancer Friendship Group
Carolyn Sutton & Suzy Tribby, Co-Facilitators
PH. 217-251-1522

Paris Community Hospital Family Medical Center

DONATION AND GARDEN BRICK ORDER FORM

Up to 3 bricks per form (all donations are tax deductible)

Address _____

City _	City				State		Zip	code						
Telep	hone													
BRICK			e numb											
		6" x 9" s	size – \$7	5 EACH	1	2	3							
		9" x 9" s	size – \$7 size – \$1	50 EACH	1 1	2	3							
Instead of a brick, I prefer to make a monetary donation: \$									ENCLOSED					
Bench	es, the v	vaterfall	, and co	ncrete f	lower pl	anters a	ilso are a	available	for spo	nsorshi _l	p: Call 2	17-251 -1	.522	
Brick ir	nscriptio	ns are <mark>li</mark>	mited to	14 char	racters p	er line.			Dri	ck Examı	nlo			
Periods, commas, and blank spaces count as a charac										Memory				
(SUGGESTIONS: BRICKS MAY BE IN MEMORY OF A LOVED ONE, TO SHOW OR HONOR SOMEONE IMPORTANT IN YOUR LIFE)								W APPRECIATION John Smith						
OR HON			RTANT IN Y maximun	•					•	Paris, Ill.				
			maximun		(Put one	e letter ir	each bo	x)		ŕ				
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Make checks payable to: