

Order Form

(One form per brick please.)

Leave a legacy at Citrus Memorial Health System. Remember that special loved one, celebrate a survivor, honor a hero or be part of history. Your brick(s) will be inscribed as directed and placed around the new "Flower Fountain" donated by the CMHS Auxiliary. A donation of \$100 (or more) will buy you, your family or a loved one a piece of local history. Your donation goes toward philanthropic projects of Citrus Memorial.

1. Choose one of the formats below (1-line or 2-line).
2. Print Legibly in **CAPITAL LETTERS** the name you would like to appear on your brick in the spaces provided below up to 14 characters per line. **NOTE: SPACES AND PUNCTUATION COUNT AS CHARACTERS.**
3. Return this form with your donation of **\$100** (or more) **per brick** to the address provided below. Please make all checks payable to: **Citrus Memorial Health Foundation, Inc.** For Credit Card payments, please call (352) 344-6560. Thank you!

Example: Style #1

B	O	B	P	.	J	O	N	E	S
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Style 1: Please fill in name below

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Example: Style #2

J	O	N	E	S	F	A	M	I	L	Y
				2	0	1	1			

Style 2: Please fill in name(s) below

Brick donated by: _____

Address: _____

Phone: _____ Date: _____ Amount: _____

Mail check and completed form to:
Citrus Memorial Health Foundation, Inc.
502 W. Highland Blvd.
Inverness, FL 34452

For office use only:

Size	Number	Deliver Date & Initials	Pickup Date & Initials	Installed

For Credit Card Payment, please call (352) 344-6560.

Citrus Memorial Health Foundation, Inc.
 502 W. Highland Blvd.
 Inverness, FL 34452
www.citrusmh.com
www.CMHFoundation.com

352-344-6900
 Please keep this lower portion for your records



Name: _____

Donation amount: \$ _____ Date: _____

Circle one: **Style #1** **Style #2**

Text Written on Brick:

*Thank you for being part of our
 "Buy a Brick" Campaign!*