



**YES! I want to support
Madison Hospital by purchasing
an engraved brick paver!**



Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

I would like to order the following engraved brick paver(s):

\$100 (4" x 8" brick) Quantity _____ x \$100 = \$ _____

\$1,000 (8" x 8" paver) Quantity _____ x \$1,000 = \$ _____

Additional Donation \$ _____

Total: \$ _____

**Please make check payable to Huntsville Hospital Foundation and mail to:
Huntsville Hospital Foundation; 801 Clinton Avenue East; Huntsville, AL 35801**

Please charge my gift to: VISA MasterCard American Express Discover

Card Number _____ Exp. Date _____ Security Code _____

Please inscribe brick(s) as shown in the example below (see reverse to place your inscription).

EXAMPLE

				I	N		M	E	M	O	R	Y		O	F				
	J	O	H	N		L	.		S	A	M	P	L	E	,		S	R	.
			A	N	N	E		B	.		S	A	M	P	L	E			

\$100 BRICK – 3 LINES

(20 characters per row including spaces and punctuation)

\$100 BRICK – 3 LINES

(20 characters per row including spaces and punctuation)

\$100 BRICK – 3 LINES

(20 characters per row including spaces and punctuation)

\$1,000 BRICK – 6 LINES

(20 characters per row including spaces and punctuation)

A company logo may be used in place of text. To submit your logo, call 256-265-8077.

Commemorative Giving Information

If your brick is a memorial or honor gift, please complete the form below. We will mail an acknowledgment card to the honoree or family.

Please designate my gift (please print):

- In Memory of _____
- In Honor of _____

Please send an acknowledgment card to:

Name _____

Address _____

City _____ State _____ Zip _____

- I prefer that my gift remain anonymous.