MEMORIAL BRICK CAMPAIGN

☐ Yes, I would like to reserve my engraved brick(s) on the En☐ I would not like to purchase a brick, but instead make a do	•	
Purchaser's Name	Business Nam	e (if applicable)
Mailing Address		Apartment/Suite
City	State	Zip Code
()	()	
Daytime Telephone	Fax	
PAYMENT INFORMATION Number of Bricks x \$300 (each) = \$ (amt □ Check enclosed (make payable to Hospice of Huntington, □ Please charge the full amount to my credit card (Visa/Mast	Inc.)	IN MEMORY OF JOHN & JANE DOE 1934 - 2017
Billing Address (if different than above)		Apartment/Suite
City	State	Zip Code
Card Number	Expiration	CRV (security number on back of card)
I authorize Hospice of Huntington to charge the total amoun	t to my credit ca	ard.
Signature (required)		Date
PLEASE ENGRAVE THE FOLLOWING ON MY MEMORIAL BRI	CK(S): (three line	es max, 18 characters per line, including spaces)
CHARA	CTERS	
LINE 1		
LINE 2		
LINE 3		

NOTE: All text will be centered on brick. You will be notified when your brick is ready and installed at the Emogene Dolin Jones Hospice House. If purchasing more than one brick, please complete a separate order form for each brick. You may photocopy this order form or visit www.hospiceofhuntington.org to download.

PLEASE MAIL THIS COMPLETED FORM TO:

Hospice of Huntington, Inc. ATTENTION: Brick Campaign

PO Box 464 • Huntington, WV 25709

OR FAX TO: (304) 523-6051



FOR MORE INFO CALL: (304) 529-4217 or (800) 788-5480

www.hospiceofhuntington.org