## Paving the Way

## To Better Health, One Brick at a Time

Become a partner in advancing the health of the residents of and visitors to our community when you purchase an engraved brick for the Hospital's East Entry (outside of the ED) or in the garden at the Regional Cancer Care Center. This beautiful space provides a natural gathering place for patients, visitors, associates, and volunteers.

The brick may be engraved with your name, or that of a friend or family member. You may choose to honor or memorialize someone who has made a difference in your life, such as a patient, an associate, a physician, a volunteer, a parent, a spouse, a child, or a friend.

Your donation will have a lasting legacy in our community for years to come. Reserve your brick today!

Engraved 4" x 8" Brick Order—\$200  Please print legibly in blanks below in the manner you would like your brick to look, up to 14 characters and spaces per line, maximum of 3 lines. Please submit one order form per brick.											
Line 1 (14 letters or spaces)											
Line 2 (14 letters or spaces)											
Line 3 (14 letters or spaces)											

Engraved 8" x 8" Brick Order—\$500  Please print legibly in blanks below in the manner you would like your brick to look, up to 14 characters and spaces per line, maximum of 5 lines. Please submit one order form per brick.											
Line 1 (14 letters or spaces)											
Line 2 (14 letters or spaces)											
Line 3 (14 letters or spaces)											
Line 4 (14 letters or spaces)											
Line 5 (14 letters or spaces)											

## Inscription Guidelines:

- A maximum of 14 characters per line, including spaces and punctuation marks.
- Inscriptions will communicate non-commercial messages only. Company names can be used. Phone numbers, e-mail and web addresses, slogans, sales pitches, and logos cannot be used.
- Bricks will be placed in a random pattern.
- Atlantic General reserves the right to approve all text prior to production.



Name (print):	
I would like to order: (Please circle the desired location)	
4x8 Brick—location: (RCCC or ER Healing Garden) @ \$200 Each =	
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Grand Total:	
I Prefer to Pay:* (Choose one: A. credit or B. check)	
A. Credit Card	
I authorize AGH to make a one-time charge of \$ to my:	
Visa Mastercard Discover AmEx	
Account # Exp:	_CVV:
Name of Card Holder	
Billing Address	
Cardholder Signature	

## B. Check

Make check payable to AGH Foundation and submit with this order form.

\*We are unable to accommodate request for refunds; thank you for your understanding.

Please send this completed form to the Ispowell@atlanticgeneral.org or mail to the AGH Foundation Office: 10320 Old Ocean City Blvd, Berlin, MD 21811 If you have any questions, please call the Foundation office at 410-641-9858.

Thank you very much for your gift!