



**Donation Form**

**This gift is from:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

**This gift is:**  in memory of  in honor of  other \_\_\_\_\_:

**I wish to:**  make a donation

purchase a dedication brick for the Celebration of Life Walk located on the grounds of AtlantiCare Regional Medical Center in Pomona, NJ

**Dedication brick order form:**

\$100 ea.ch, 4"x 8" brick, 3 engraved lines  \$250 each, 8"x 8" brick, 8 engraved line

Please print clearly the information to be engraved on the brick in the spaces provided below. Each line contains up to 20 upper and lower case characters including spaces and punctuation; a maximum of 16 characters per line if all capital letters. AtlantiCare Hospice and Palliative Care will notify you when your brick is placed along the walk.

|        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Line 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Enclosed is my gift of \$\_\_\_\_\_ payable to AtlantiCare Hospice and Palliative Care**

Check enclosed

Please bill my credit card:  MasterCard  Visa  Discover

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please send notification of my gift, without specifying amount to:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Mail donations to: AtlantiCare Hospice and Palliative Care, P.O. Box 1626, Pleasantville, NJ 08232  
 Questions please contact AtlantiCare Hospice and Palliative Care at 609-272-242 or 1-888-744-0523**