### Personalized Engraved Brick Order Form

**Please print:**

**Donor Name:** __________________________________________  **Contact Phone #:**____________________________

**Full Mailing Address:** ______________________________________________________________________________

e-mail: _________________________________________________

**I would like to order:**

<table>
<thead>
<tr>
<th>4'' x 8'' Brick: ______</th>
<th>8'' x 8'' Brick: ______</th>
<th>8'' x 8'' Brick: ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>$150 Each</td>
<td>$300 Each</td>
<td>$500 Each</td>
</tr>
<tr>
<td>3 Engraved lines</td>
<td>6 Engraved lines</td>
<td>6 Engraved lines ~ Premiere location</td>
</tr>
</tbody>
</table>

*Please print clearly the information to be engraved on the brick in the spaces provided below.

Each line has "14" spaces which includes: upper case/capital letters, punctuation marks and spaces.*

<table>
<thead>
<tr>
<th>Line 1</th>
<th>Line 2</th>
<th>Line 3</th>
<th>Line 4</th>
<th>Line 5</th>
<th>Line 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**This is a gift (please circle one):** In honor of / For the special occasion of / In memory of:

__________________________

**Please send an acknowledgement of my gift to:**

**Name:** __________________________________

**Street Address:** ______________________  **City:** __________  **State:** _____  **Zip:** _____

**I prefer to pay by:**

- [ ] Check (made payable to ARMC Mainland Auxiliary). Amount enclosed $ __________  **Check #:** __________
- [ ] Credit card (circle one): VISA / Master Card / Discover  **Please Initial:** ____________________________

**Card #:** ____________________________  **Expiration Date:** __________  **3 Digit Code:** __________

**Signature:** __________________________

**PAYROLL DEDUCTION (available to AtlantiCare employees only):**

- [ ] I prefer payroll deduction for the $150 brick (over 2 pay periods of $75 each).
- [ ] I prefer payroll deduction for the $300 brick (over 2 pay periods of $150 each).
- [ ] I prefer payroll deduction for the $500 brick (over 2 pay periods of $250 each).

**Today’s date:** ______________  **Employee full name:** ____________________________  **Clock number:** __________

**Department:** __________________________  **Signature:** __________________________

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**PLEASE RETURN COMPLETED FORM** with payment to:

**ARMC Mainland Auxiliary, c/o Pine Cone Gift Shop 65 W. Jimmie Leeds Road Pomona, NJ 08240. Please call 609-404-4855 if you have any questions. Thank you for supporting the ARMC Mainland Auxiliary.**

For Committee Use Only: Brick #: ______________