CHESAPEAKE REGIONAL
HEALTH FOUNDATION

BRICK ORDER FORM

Purchaser's Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ **Email Address**: _____

BRICK INSCRIPTION: Up to 3 lines maximum.
Each line is limited to 14 characters, including spaces and punctuation.

Line 1: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Line 2: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Line 3: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Optional: *Please notify the following person(s) of this gift:*

Name: _____

Address: _____

City/State/Zip: _____

My payment of $250 is enclosed to help support a healthier community.
The cost of goods and services is $43 per brick and is not tax-deductible. Proceeds from brick purchases will help support programs, services and technology needs at Chesapeake Regional Healthcare.

___ My check is enclosed, made payable to **Chesapeake Regional Health Foundation.**

___ Bill my credit card (circle one): VISA MasterCard Discover AmEx

Cardholder's Name: _____

__ *Check here if company card and provide name of company:* _____

Cardholder's Billing Address (required): _____
Street address

_____
City ST ZIP

Credit Card Type (circle one): VISA MasterCard Discover AmEx

Credit Card #: _____ Exp.: _____ 3 or 4-digit Security Code: _____

Signature: _____

Mail to: Chesapeake Regional Health Foundation, 736 Battlefield Boulevard, North, Chesapeake, VA 23320
Questions? Call the Foundation office at (757) 312-6314.

Chesapeake General Hospital Healthcare Foundation, DBA Chesapeake Regional Health Foundation, is a 501(c)(3) organization, tax ID #54-1693739.