

BRICK ORDER FORM

Address: City/State/Zip:	Purchaser's Name:						
BRICK INSCRIPTION: Up to 3 lines maximum. Each line is limited to 14 characters, including spaces and punctuation. Line 1: Line 2: Line 3: 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 it 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 Type (circle one): VISA MasterCard Discover AmEx Credit Card Type (circle one): VISA MasterCard Discover AmEx Credit Card Type (circle one): VISA MasterCard Discover AmEx Credit Card Type (circle one): VISA MasterCard Discover AmEx Credit Card Type (circle one): VISA MasterCard Discover AmEx	Address:						
BRICK INSCRIPTION: Up to 3 lines maximum. Each line is limited to 14 characters, including spaces and punctuation. Line 1:	City/State/Zip:						
Each line is limited to 14 characters, including spaces and punctuation. Line 1:	Telephone:		_Email Addı	ress:			_
Line 2: Line 3: Line 3:						tuation.	
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 Type (circle one): VISA MasterCard Discover AmEx	Line 1:						
Optional: Please notify the following person(s) of this gift: Name:	Line 2:						
Name:	Line 3:						
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:	Optional: Please notify the fo	ollowing p	erson(s) of th	is gift:			
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.: Street Sp.: Street Sp	Name:						
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 #: 3 or 4-digit Security Code:	Address:						
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:	City/State/Zip:						
Bill my credit card (circle one): VISA MasterCard Discover AmEx Cardholder's Name:	The cost of goods and servi	ices is \$43	3 per brick and	d is not tax-de	ductible. Proc	eeds from bi	ick purchases
Cardholder's Name:	My check is enclosed, ma	ade payab	le to Chesap	eake Regiona	ıl Health Fou	ndation.	
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:	Bill my credit card (circle	one):	VISA I	MasterCard	Discover	AmEx	
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:	Cardholder's Name:					_	
Street address City ST ZIP Credit Card Type (circle one): VISA MasterCard Discover AmEx Credit Card #: S or 4-digit Security Code:	Check here if company card and	provide nam	ne of company:				
Credit Card Type (circle one): VISA MasterCard Discover AmEx Credit Card #:3 or 4-digit Security Code:	Cardholder's Billing Address (req		address				
Credit Card #:3 or 4-digit Security Code:		City				ST	ZIP
	Credit Card Type (circle one):	VISA	MasterCard	Discover	AmEx		
Signature:	Credit Card #:			Exp.:	3 or 4-digi	t Security Coc	e:
	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.