

BRICK PAVER ORDER FORM

Name: _____

Address: _____

City: _____ State: _____ Phone: _____

Email Address: _____

The brick pavers come in three sizes. Please check one:

6 x 6 Paver-\$75.00-3 lines, 10 characters per row (including spacing) \$ _____

6 x 9 Paver-\$100.00-3 lines, 14 characters per row (including spacing) \$ _____

9 x 9 Paver-\$150.00-4 lines, 17 characters per row (including spacing) \$ _____

Total \$ _____

Paver Instructions –Please complete your brick paver inscription in the chart below one character (letter, number, space or punctuation mark) per box based on the size brick you selected. All inscriptions will be centered on the paver. Pavers will be installed annually during the summer/fall.

	C	H	A	R	A	C	T	E	R	S	10				14			17	
1 line																			
2 lines																			
3 lines																			
4 lines																			

For more information about the campaign, please call the Hospital Foundation office at 315-376-5110 or email jrhbart@lch.net. **Mail completed form and payment to:** Lewis County Hospital Foundation, 7785 North State Street, Lowville, NY 13367.