McCullough-Hyde
MEMORIAL HOSPITAL **TRUST**

Giving is Good Medicine

COMMEMORATIVE PAVER BRICK ORDER FORM

DONOR NAME(S) _____
Last First Middle Initial

_____
Last First Middle Initial

_____
Street Address City State Zip

_____
Preferred Phone Preferred E-mail

PAVER BRICK INFORMATION

Please specify which size brick you wish to purchase.

- ☐ **$100 Brick –** 4”x8” rectangular brick, 3 lines, 14 characters per line
- ☐ **$150 Brick –** 8”x8” square brick, 6 lines, 14 characters per line

Please specify your commemoration.

- ☐ In honor of
- ☐ In memory of

PAVER BRICK INSCRIPTION

Please fill out the inscription for your paver brick.

___	___	___	___	___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___	___	___	___	___

Please send acknowledgement to:

Name _____
Last First Middle Initial

_____
Street Address City State Zip

PAYMENT INFORMATION

☐ Check ☐ Visa ☐ Mastercard Card # _____

Expiration Date _____ Authorization Signature _____

Please make all checks payable and mail completed form to:
McCullough-Hyde Memorial Hospital Trust 21 Lynn Avenue, Suite 107 Oxford, OH 45056