

Paving the Way To Better Health, One Brick at a Time

Become a partner in advancing the health of the residents of and visitors to our community when you purchase an engraved brick for the Hospital's East Entry (outside of Outpatient Infusion Center). This beautiful space provides a natural gathering place for patients, visitors, associates, and volunteers.

The brick may be engraved with your name, or that of a friend or family member. You may choose to honor or memorialize someone who has made a difference in your life, such as a patient, an associate, a physician, a volunteer, a parent, a spouse, a child, or a friend.

Your donation of \$100 will have a lasting legacy in our community for years to come. Reserve your brick today!

Engraved 4" x 8" Brick Order

Please print legibly in blanks below in the manner you would like your brick to look, up to 14 characters and spaces per line, maximum of 3 lines. Please submit one order form per brick.

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Line 1 (14 letters or spaces)

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Line 2 (14 letters or spaces)

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Line 3 (14 letters or spaces)

Inscription Guidelines:

- A maximum of 14 characters per line, including spaces and punctuation marks.
- Inscriptions will communicate non-commercial messages only. Company names can be used. Phone numbers, e-mail and web addresses, slogans, sales pitches, and logos cannot be used.
- Bricks will be placed in a random pattern.
- Atlantic General reserves the right to approve all text prior to production.

Sample Brick Ideas

In Memory
Of Our Mother
The Smiths

WITH THANKS TO
DR. JOHN DOE
JONES FAMILY

(Please complete other side of form)



ATLANTIC GENERAL HOSPITAL ENGRAVED BRICK PROGRAM

Brick Order Payment Information

Name (print): _____

I would like to order:

_____ East Entry brick(s) @ \$100 each = \$ _____
GRAND TOTAL \$ _____

I Prefer to Pay:*

(Choose one: A. credit card or B. check)

A. Credit Card

I authorize AGH to make a one-time charge of \$ _____ to my: ___ Visa ___ MasterCard ___ Discover ___ AmEx

Account # _____ Exp. Date _____

Name of Card Holder _____

Billing Address _____

Cardholder Signature _____

B. Check

Make check payable to AGH Foundation and submit with this order form.

**We are unable to accommodate request for refunds; thank you for your understanding.*

Please send this completed form to the AGH Foundation office by interoffice or by mail:

9733 Healthway Drive, Berlin, MD 21811

If you have any questions, please call the Foundation office at 410-641-9858.

Thank you very much for your gift!