Bricks of Hope Pledge Form

Yes, I would like my contribution to sponsor a Brick of Hope. I would like to purchase the following:

| Quantity | | TOTAL |
|----------|-----------------|-------|
| 4" x 8" | (\$100 each) | \$ |
| 8" x 8" | (\$250 each) | \$ |
| 12" x 1 | 2" (\$500 each) | \$ |
| | | |

| Donor Name: |
|-------------|
| Address: |
| City: |
| State: |
| Zip: |
| Phone: |
| Email |

Method of Payment:

| Check made to O | wensboro Health Foundation |
|------------------|----------------------------|
| Charge to: Visa | Mastercard |
| American Express | _ Discover |

Account #:__

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Exp. Date: / /

3-digit Security Code (on back of card):

CHECK SHOULD BE MAILED TO:



P.O. BOX 22505 • OWENSBORO, KY 42304-2505 Questions? Please call (270) 688-2113.

Please note that the Owensboro Health Foundation cannot guarantee that bricks purchased at separate times will be placed together. Thank you for helping us pave the way to the home for quality care for our region.

lease copy this form and use a separate form for each brick.

4" x 8" Brick:

Engraving: 3 lines, 20 characters/spaces per line

Please legibly print the inscription as you would like it to appear on the brick. Each 4" x 8" brick may contain up to 3 lines of text, with a maximum of 20 characters and spaces per line.



8" x 8" Brick:

Engraving: 6 lines, 20 characters/spaces per line. Please legibly print the inscription as you would like it to appear on the brick.

| | | | | | | | | | | _ | | | |
|---------|--|------|--|--|------|--|------|---|------|-------|--|---|------------------|
| Line 1: | | | | | | | | | | | | | Sample Line 1 T |
| Line 2: | | | | | | | | | | | | | Sample Line 2 To |
| Line 3: | | | | | | | | | | | | | Sample Line 3 To |
| | | | | | | | | _ | | | | | |
| Line 4: | | | | | | | | | | | | | Sample Line 4 To |
| Line 5: | | | | | | | | | | | | | Sample Line 5 To |
| | | | | | | | | | | | | | Sample Line 6 T |
| Line 6: | | | | | | | | | | | | l | ס |

12" x 12" Multi-Brick Configuration:

The 12" x 12" brick is a configuration of 4 separate bricks. An 8" x 8", (2) 4" x 8" and a 4" x 4" brick. Please legibly print the inscription as you would like it to appear on the brick.

• Engraving on 8" x 8" (6 lines, 20 characters/spaces per line)

| Line 1: | | | | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|--|--|---|
| Line 2: | | | | | | | | | | | | |
| Line 3: | | | | | | | | | | | | |
| Line 4: | | | | | | | | | | | | ; |
| Line 5 | | | | | | | | | | | | |
| Line 6: | | | | | | | | | | | | |
| | | | | | | | | | | | | |

• Engraving on 4" x 8", (3 lines, 20 characters/spaces per line)

| Line 1: | | | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|--|--|
| Line 2: | | | | | | | | | | | |
| Line 3: | | | | | | | | | | | |
| | | | | | | | | | | | |



+3 • Engraving on 4"x 8", (Horizontal text: 3 lines, 20 characters/spaces per line (OR) Vertical text: 1 line, 8 characters/spaces, as pictured above)

| Line 1: | | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|--|
| Line 2: | | | | | | | | | | |
| Line 3: | | | | | | | | | | |

#4 • Engraving on 4" x 4" (Logo or Monogram) • Monogram: (1 letter) ____ /or/ Logo: (Please send jpeg file to cathie.medley@owensborohealth.org)

One person can have an impact. Many people together can pave the way to a bright future.

The Dining Plaza outside the main Café at Owensboro Health Regional Hospital is a place filled with memory. Donors to the Owensboro Health Foundation honor their loved ones with a donation and are memorialized with their name engraved onto one of the Bricks of Hope.

The Bricks of Hope aren't just a lasting way to remember and honor the memory of someone who has made a difference. The Bricks of Hope are also a symbol. Bricks are used to build, to strengthen and to reinforce.

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Your donations to the Owensboro Health Foundation will make a difference in the lives of others by supporting Owensboro Health's programs for the uninsured, underinsured and medically underserved. These services include Mammograms for Life, McAuley Primary Care and The Mitchell Memorial Cancer Center Medication Fund, among others.

We thank you and all our donors for the time, love and generosity shown through continued support of the foundation. Your Brick of Hope will help us build a brighter, better future for everyone we serve. The Owensboro Health Foundation raises funds to expand and support health-care services, educational programs, and research activities related to curing disease. You have the right to opt out of receiving our fundraising communications. If you would like to opt out, please call 270-688-2113 or email foundationinfo@owensborohealth.org. If you opt out of receiving fundraising communications, you can always choose to opt back in with respect to specific campaigns or ask to be contacted for our fundraising efforts by calling or e-mailing us.

owensbord health regional hospital BRICKS OF HOPE



HONOR THOSE YOU LOVE

by placing an engraved brick at Owensboro Health Regional Hospital. Bricks of Hope pave the Dining Plaza located outside the main Café. Personalized bricks are a wonderful and lasting way to honor or remember family members, friends and loved ones.

One person can have an impact. Many people together can pave the way to a bright future.

Completed forms should be mailed to: Owensboro Health Foundation P.O. Box 22505 • Owensboro, KY 42304-2505

