



# Treasure Coast Hospice Foundation

SUPPORTING TREASURE HEALTH SERVICES

## Mayes Center

1201 SE Indian Street  
Stuart, FL 34997  
Foundation Department  
772-403-4500  
www.treasurehealth.org

## Tribute Pet Brick

Order Form

*A Permanent Brick  
Tribute in Remembrance of  
Your Pet's  
Treasured Life.*

Donation:

\$150 4"x 8" Brick with  
Paw Print Pet Memorial



\*Staff accepting donation:

Line one (12 characters per line—including spaces)

--	--	--	--	--	--	--	--	--	--	--	--

Line two

--	--	--	--	--	--	--	--	--	--	--	--

Line three

--	--	--	--	--	--	--	--	--	--	--	--

Name of deceased/honoree pet:

---

To Benefit the Treasured Pets Initiative.

Donor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Will donor need pictures sent?  yes  no

Anyone to be notified other than donor ?  
(sending pictures?  yes  no)

---

---

---

### Payment Information:

Cash  Amount Paid: \$ \_\_\_\_\_  
Check  Check # \_\_\_\_\_  
Credit  Visa  M/C  Amex  Disc   
Card # \_\_\_\_\_  
Expiration Date \_\_ / \_\_\_\_  
Signature: \_\_\_\_\_

For Internal Use Only

Date ordered with donor: \_\_\_\_\_

Install location info for the Foundation: \_\_\_\_\_

Date ordered Brick Markers: \_\_\_\_\_

---

Date received from Brick Markers: \_\_\_\_\_

Date info entered in Raiser's Edge: \_\_\_\_\_

Date installed by facilities: \_\_\_\_\_

Date donor notified by the Foundation: \_\_\_\_\_