



# 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 Brick

Order Form

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

Donation:

\$150 4"x 8" Pathway

\$500 4"x 8" Fountain

\$1,000 8"x 8" Fountain

\$1,500 8" x 8" Butterfly Corners

Line one (20 characters per line—including spaces)

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Line two

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Line three

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Line four (available for 8x8 bricks only)

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Name of deceased/honoree if not used above:

\*Staff accepting donation:

\_\_\_\_\_

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: \_\_\_\_\_