



Treasure Coast Hospice
Foundation
SUPPORTING TREASURE HEALTH SERVICES

The St. Lucie Hospice House
The Thomas Counseling Center
5000 Dunn Road
Fort Pierce, FL 34981
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 8"x 8" Tribute

\$1,000 8"x 8" Shell corners

*Staff accepting donation:

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:

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: _____

