



# PAVING THE WAY to excellence in Emergency Medicine ORDER FORM

Please make sure your engraving information is spelled correctly.  
*Please Print Clearly - Words must fit on the lines, they cannot be broken between lines.*


I am purchasing # \_\_\_\_\_ bricks at \$100 each. Total: \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please payroll deduct my donation of \$100 in (4) gifts of \$25 each.  
*(In the case of multiple bricks, payroll can be extended out additional pay periods.)*

Department name \_\_\_\_\_

Department location \_\_\_\_\_

Employee ID number (badge #) \_\_\_\_\_

I have enclosed a check for my donation.

Please charge my credit card for the donation.

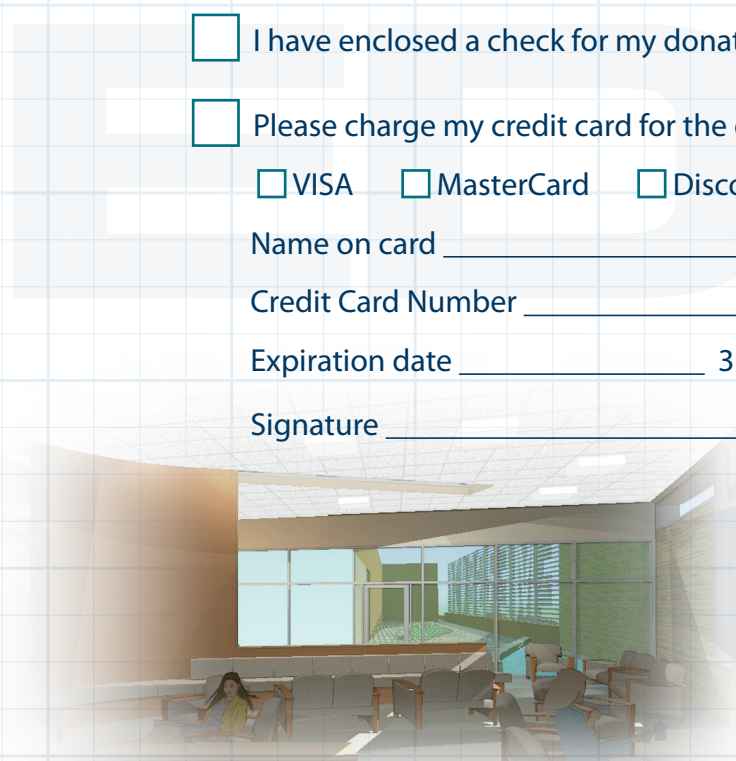
VISA     MasterCard     Discover     AMEX

Name on card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration date \_\_\_\_\_ 3 digit security code \_\_\_\_\_

Signature \_\_\_\_\_



**Return form to :**

CoxHealth Foundation  
3525 S. National, Suite 204  
Springfield, MO 65807  
417-269-7150 fax 417-269-9599

**All gifts are tax-deductible as allowed by law.**

**THANK YOU FOR YOUR SUPPORT!**