

ALLEN HEALTHCARE FOUNDATION RECOGNITION BRICK ORDER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Cash

Check: Make payable to and mail form with payment to:
Allen Healthcare Foundation - PO Box 361, Kinder, LA 70648

Credit Card: Mastercard VISA Discover Am Express

Cardholder's Printed Name: _____

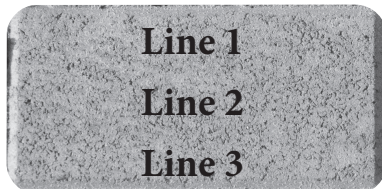
Card No: ____/____/____/____-____/____/____/____-____/____/____/____-____/____/____/____

Expires: ____/____/____ CVC: _____

Signature: _____

\$100 - 4" x 8" Brick

3 lines of text, 20 characters per line (including spaces and punctuation)



\$250 - 8" x 8" Brick

6 lines of text, 20 characters per line (including spaces and punctuation)



Corporate rates are available. Please ask.

Please contact **Judy Hebert (337) 794-5475**, **Veronica Karam (337) 540-2674** or **Jerry Courville (337) 580-4353** or any Foundation Board Member with questions!

Thank you for your support in making *YOUR* hospital beautiful.