



Hall-Perrine Cancer Center Legacy Paving Stone Order Form

Thank you for your gift of \$1,000 to the Hall-Perrine Cancer Center which qualifies you for an engraved paving brick in the healing garden area of the Cancer Center.

- Each paving brick may be inscribed with your name or the name(s) of the person(s) or organization you wish to recognize.
- The diagram below provides the maximum number of lines and spaces available. 4 lines – 21 characters per lines.
- Print carefully in the following boxes, using both UPPER and lower case letters, as you wish your paving brick to appear. Your inscription will be centered.
- Call the Foundation office at 398-6206 with any questions.
- Please submit the form or print and mail to:
Mercy medical Center Foundation, 701 10th St SE, Cedar Rapids, IA 52403

Examples:

T	H	E		S	M	I	T	H		F	A	M	I	L	Y					
I	N		L	O	V	I	N	G		M	E	M	O	R	Y		O	F		
J	A	M	E	S		&		M	A	R	I	E		S	M	I	T	H		
J	O	H	N		&		M	A	R	G	A	R	E	T		S	M	I	T	H

I	N			H	O	N	O	R		O	F								
M	A	R	K		&		M	A	U	R	E	E	N		S	M	I	T	H

T	H	E		S	M	I	T	H		C	O	M	P	A	N	Y			
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Remember: Print carefully, using UPPER and lower case letters. For spaces, leave a box empty.

Your name: _____ Date: _____

Address: _____ City _____ State _____ Zip _____

Phone #: _____ e-mail: _____