

LEGACY TILE ORDER FORM



In exchange for your support, a tile will be permanently installed and displayed in our reception room. To show your support please fill the form below and submit with your donation.

TILE SIZE IN INCHES	DONATION LEVEL	NUMBER OF LINES	CHARACTERS PER LINE
4 by 8	\$300 to \$499	3	14
8 by 8	\$500 to \$999	6	14
12 by 12	\$1000 or More	9	21

Size (circle one) *4 by 8inches/3 lines* *8 by 8inches/6 lines* *12 by12inches/21 lines*

Line 1: _____

Line 2: _____

Line 3: _____

Line 4: _____

Line 5: _____

Line 6: _____

Line 7: _____

Line 8: _____

Line 9: _____

Donor's Name: _____ Donor's Phone: _____

Donor's Address: _____

Donor's Email: _____

THANK YOU FOR SUPPORTING THE BARTZ-ALTADONNA COMMUNITY HEALTH CENTER!