

Remembrance Garden - Brick Order Form

4x8 brick \$100 8x8 brick \$250

My check is enclosed, made payable to MMH Foundation.

Charge my credit card

Card # _____

Exp Date _____ 3-digit Sec # _____

Signature _____

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Brick Inscription: 4x8 (2-lines) or 8x8 (5-lines)

Line 1: _____

Line 2: _____

Line 3: _____

Line 4: _____

Line 5: _____

Massena Memorial
Hospital



FOUNDATION

1 Hospital Drive

Massena, NY 13662