



*Pave the Way for the
Future of Healthcare in Madison!*

YES! I want to support the new Madison Hospital by purchasing engraved brick pavers!

Name: _____

Address: _____

City / State / Zip Code: _____

Phone: _____ Email Address: _____

I would like to order the following engraved brick pavers:

\$100 (4" x 8" commemorative brick) Quantity: _____ x \$100 = \$ _____

\$1,000 (8" x 8" commemorative brick) Quantity: _____ x \$1,000 = \$ _____

Additional Donation \$ _____

Total: \$ _____

Please make checks payable to Huntsville Hospital Foundation and mail to
HH Foundation – Madison Hospital; 101 Sivley Road; Huntsville, AL 35801

Please charge my gift to: VISA MasterCard American Express Discover

Card Number _____ Exp. Date _____

Please inscribe my brick(s) as shown in the example below (*see reverse for inscription instructions*). If making a Commemorative Gift, please use the first line for “In Memory Of” or “In Honor Of” designation, and the next two lines for the name of the honoree (3 lines maximum, 20 characters per row including spaces and punctuation).

Please note that a company logo may be used in place of text.

EXAMPLE

				I	N		M	E	M	O	R	Y		O	F				
	J	O	H	N		L	.		S	A	M	P	L	E	,		S	R	.
			A	N	N	E		B	.		S	A	M	P	L	E			



\$100 BRICK – 3 LINES

\$100 BRICK – 3 LINES

\$100 BRICK – 3 LINES

\$1,000 BRICK – 6 LINES

Commemorative Giving Information

To make your memorial or honor gift, please complete the form below. We will mail an acknowledgment card to the honoree or family.

Please designate my gift (please print):	
<input type="checkbox"/>	In Memory of _____
<input type="checkbox"/>	In Honor of _____
Please send an acknowledgment card to:	
Name	_____
Address	_____
City	_____ State _____ Zip _____
<input type="checkbox"/> I prefer that my gift remain anonymous.	