

Name _____

Address _____

TRIBUTE BRICK INSCRIPTION ORDER FORM

Please complete the form below and return to me via email: arogalski@caredimensions.org. If you are mailing this form in with your tribute donation (gift level of \$1,500) please make check out to Care Dimensions and mail to:

Angel Rogalski, Care Dimensions Development, 75 Sylvan Street, Suite B-102, Danvers, MA 01923.

Each brick is a standard size (4x8 inches) and can be inscribed with three lines of copy with a maximum of 20 characters per line. Numbers, spaces, dashes, and punctuation marks count as one character. All text will be centered.

Click in the boxes & type the letters as you wish for your brick to read

OR *Print out this page, fill out the blocks below and return this form.*

Please note unless specifically noted, we will use proper case; bricks in ALL CAPITALS are difficult to read.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Line 1:																				
Line 2:																				
Line 3:																				

Click on a box below to choose the facility you would like your brick to be placed:

I would like my brick to be placed at:

- Care Dimensions Hospice House, Lincoln, MA
- Kaplan Family Hospice House, Danvers, MA

Bricks will be placed in the Garden of Remembrance at the facility you indicate above. We will contact you as soon as your brick is placed so you may arrange for a time to go and view your brick.

If you have any questions, please contact me: arogalski@caredimensions.org or 978-223-9786.

Thank you for your support of our mission!

Best regards,
Angel

Angel Rogalski
Director of Development Operations, Care Dimensions