

# PAVER ORDER FORM

Name ..... Date .....  
Address ..... Phone .....

*Please proof read carefully. Brick will be engraved as written.*

8" x 8"

Character  $\frac{3}{4}$ " H

13 Characters Per Line

Up to three lines- \$250.00

Four to six lines- \$300.00

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12" x 12"

16 Characters Per Line

Characters 1" H

Up to 3 lines- \$500.00

4-7 lines- \$550.00

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18" x 18"

Characters 1 1/4" H

19 Characters Per Line

\$1500.00

Up to 8 lines

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This Gift is:  in honor of  in memory of \_\_\_\_\_

Please send acknowledgement to:

\_\_\_\_\_  
Name (Relationship to Honoree/Deceased)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

**Please make checks payable to: *The Valley Hospital Auxiliary - Pavers***

**Send your completed form and check to:**

**The Valley Hospital Auxiliary - PAVERS 223 N. Van Dien Ave, Ridgewood, NJ 07450**