



Cass Regional  
Medical Center  
Foundation

**Memorial Garden Brick and Bench  
ORDER FORM**

Ordered by:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

*I/we wish to order the following to be placed in the Memorial Garden:*

\_\_\_\_\_ Engraved Red Brick(s) @ \$100 each = \_\_\_\_\_

\_\_\_\_\_ Engraved Granite Brick(s) @ \$500 each = \_\_\_\_\_

\_\_\_\_\_ Engraved Granite Bench(es) @ \$5,000 each = \_\_\_\_\_

**ORDER TOTAL = \_\_\_\_\_**

*Please make checks payable to Cass Regional Medical Center Foundation.*

**Please print brick inscription information below in upper case block letters.**

Brick #1


Brick #2


Bench Side 1

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Bench Side 2

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*Your donation is tax-deductible. Please return order form and payment to:*

**Cass Regional Medical Center Foundation ❖ 2800 E Rock Haven Road ❖ Harrisonville, MO 64701  
Please call (816) 380-3474, extension 4650, if you have any questions. Thank you!**