



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 as allowed by law. 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 4810, if you have any questions. Thank you!**