

SPECTRIOS INSTITUTE BRICK DONATION ORDER FORM

Complete form and return to address below. Type into fields or print and complete by hand.

| Brick Descriptions | Quantity | Unit Price | Total |
|--|----------|------------|----------|
| Single patio brick to be placed in the Commemorative Garden | _____ x | \$ 125 = | _____ |
| Double brick that will be placed on the "Walkway of Hope" | _____ x | \$ 500 = | \$ _____ |
| Design your own brick that will be placed on the "Walkway of Hope" | _____ x | \$ 1500 = | \$ _____ |
| Total Brick Donation | | | \$ _____ |

| Donor Information | |
|-------------------|--------------------|
| Name | _____ |
| Address | _____ Unit # _____ |
| City | _____ State _____ |
| Phone | _____ Email _____ |

| Payment Information | |
|--------------------------------|---|
| <input type="checkbox"/> Check | <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover |
| Card # | _____ Expiration (mm/yy) _____ |
| Signature | _____ |

| Inscription for Single and Double Bricks | |
|--|---|
| <ul style="list-style-type: none">• If ordering more than one brick, attach additional form(s) and complete inscription section only• One character per space• To design your own brick, contact Diane Levine at the address below | |
| Inscription for: | <input type="checkbox"/> Single Brick <input type="checkbox"/> Double Brick |
| Line 1 | _____ |
| Line 2 | _____ |
| Line 3 | _____ |

Return form to: Diane Levine, Director of Development • Spectrios Institute for Low Vision
at Deicke House • 219 E. Cole Ave. • Wheaton, IL 60187 • (630)690-7115 • fax (630)690-9037