

BRICK PURCHASE FORM

Brick Size

- Large – \$250 – 8 x 8 x 2.25
- Small – \$100 – 4 x 8 x 2.25

Donor Information

Name _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

Email _____

Name to be engraved on brick
(4 lines maximum, 21 characters per line)

Payment Information

- Send a Bill
- Pay by Check
- Visa
- Mastercard
- Discover

Please make checks payable to:
Prosser Memorial Health Foundation
200 Prosser Health Drive, Prosser, WA 99350

Card Number _____

Expiration Date _____ SEC _____

Name on Card _____

Zip Code _____

Total _____

Signature _____

Thank You For Your Support!

For more information call 509.786.6601 or
visit us online at prosserhealth.foundation.

