



BRICK REQUEST FORM

For a gift of \$300.00, I would like to request a brick to be placed in the therapy patio of the Canon Center for Cancer and Cardiovascular Care.

Name of Donor: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Signature(s): _____ Date: _____

- 1 Brick = \$300.00
- 2 Bricks = \$600.00
- 3 Bricks = \$900.00
- Other # of Bricks requested: _____

PAYMENT METHOD:

Check – Make checks payable to “**Bothwell Foundation**”

Credit / Debit Card – please donate online at www.brhc.org/donate OR provide the following information:

VISA MC Discover AmEx
Card #:

_____ - _____ - _____ - _____

Name on Card: _____

Expiration Date: ___ / ___ / _____

3-Digit Code on back of Card: ___ __ _

TEXT ON BRICK

Please let us know what you’d like your brick(s) to say.
Use one box for each letter, number or character. Here’s an example:

			J	O	H	N		D	O	E			
			A		G	R	E	A	T		D	A	D

Your text here:

Please mail to:
BRHC Foundation, 601 East 14th Street, Sedalia, MO
660-826-6263

Make additional copies for multiple brick requests.