



BRICK ORDER FORM

Ronald McDonald House® near Northwestern Medicine Central DuPage Hospital

To purchase a brick, please complete this order form and return it, with payment, to:

RMHC-CNI

Attn: Katie Allabough

ON150 Winfield Road

Winfield, IL 60190

kallabough@rmhccni.org

630-517-8678

Name: _____

Street: _____

City, State, Zip: _____

Phone: _____

Email: _____

Please indicate the type and quantity of bricks you wish to order:

Medium Brick: Quantity: _____ at \$2,500 each

Small Brick: Quantity: _____ at \$1,000 each

Total Order: \$_____ for #_____ bricks

Payment Options:

* Please include brick order form with your payment.

Check

Please make payable to 'RMHC-CNI'

Credit Card

AMEX VISA Mastercard Discover

3-Digit Security Code: _____ Exp. Date: _____

Card Number: _____

Signature: _____



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Please complete your message based on the size of brick you would like to purchase.

Place one letter or punctuation mark in each box and leave blank boxes for spaces. All text will be centered. Please use a separate form to purchase more than one brick of



Medium Brick (1'x1') 7 lines - 16 characters per line

Small Brick (6"x12") 4 lines - 16 characters per line
