

BRICK ORDER FORM

Ronald McDonald House® near Advocate Children's Hospital

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

RMHC-CNI

Attn: Anne Czarnecki

4410 W. 93rd Street

Oak Lawn, IL 60453

aczarnecki@rmhccni.org

708-423-5285

Name: _____

Street: _____

City, State, Zip: _____

Phone: _____

Email: _____

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

Full Brick: Quantity: _____ at \$500 each

Half Brick: Quantity: _____ at \$200 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



Full Brick (1'x1') 8 lines - 16 characters

Half Brick (6"x6") 4 lines - 8 characters per
