Memorial Paver Order Form

I/We would like to provide a gift of \$ ______ in support of Ohio's Hospice LifeCare by purchasing engraved honorary/memorial stone paver(s) for display on the facility's grounds.

Ple	ease check appropriate	box(es):	
	For(quantity)	4" x 8" Paver(s) at \$10	o each
	For(quantity)		
	For(quantity)		
	I do not wish to purchase an	y pavers, but I would li	ke to make a donation.
Nam	e:		
Addı	ress:		
City:		State:	ZIP:
Pho	ne:	Email:	
	t hod of payment: Check made out to Ohio's Hos	spice LifeCare	
	Credit card: 🗆 Visa 🗆 Mas	sterCard Amount	:\$
Nam	e as it appears on card:		
Card	number:		Expiration date:
Thre	e-digit security code:		
Sign	ature:		Date:
Они	o's Hospice LifeCare		off or mail completed form and payment to: Ohio's Hospice LifeCare Attn: Development Office oo Akron, Rd., Wooster, OH 44691

Phone: 330.264.4899 | Fax: 330.264.4874 www.OhiosHospiceLifeCare.org



I wish to have the following wording engraved on the honorary/memorial paver:

(Characters per line includes spaces and punctuation. For example, the name John D. Smith counts as 13 characters. Each line of text will be centered on the paver.)

4" x 8" Paver - Maxiumum of three lines with 14 characters per line.

6" x 6" Paver - Maxiumum of three lines with 10 characters per line.

8" x 8" Paver - Maxiumum of four lines with 14 characters per line.

OHIO'S Hospice