

**Midwest Medical Auxiliary Foundation  
Galena IL**

**Brick Fundraising Order Form  
for 4x8 brick \$75.00 3 lines of lettering**

**Purchasers**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City,State,Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**First Line**


**Second Line**

**Third Line**

**Thank you for your support !! Money must accompany order – make checks payable to MMC Auxiliary Foundation. Only 1 brick order per form.**

**Please make sure printing is legible and everything is spelled correctly. 16 letters and spaces per line.**

**I certify all information and spelling is correct:** \_\_\_\_\_

**Purchaser**

**Date:** \_\_\_\_\_