



Thank you for your willingness to support Gateway and Vanderbilt's commitment to making this technology available to the Clarksville community!

ORDER FORM

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

Make check payable to:
 Gateway Health Foundation
 1771 Madison Street
 P.O. Box 3160
 Clarksville, TN 37043-3160

4" x 8" Bricks

Maximum Number of Lines: 3
 Maximum Characters Per Line: 14
 Cost Per Brick: \$100

8" x 8" Bricks

Maximum Number of Lines: 5
 Maximum Characters Per Line: 14
 Cost Per Brick: \$250

12" x 12" Bricks

Maximum Number of Lines: 9
 Maximum Characters Per Line: 20
 Cost Per Brick: \$500

4" X 8" BRICKS

I am ordering _____ brick (s). The brick is to be worded as follows:

1st Line: _____

2nd Line: _____

3rd Line: _____

_____ bricks at \$100 each = \$_____

8" x 8" BRICKS

I am ordering _____ brick(s). The brick is to be worded as follows:

1st Line: _____

2nd Line: _____

3rd Line: _____

4th Line: _____

5th Line: _____

_____ bricks at \$250 each = \$_____

12" x 12" BRICKS

I am ordering _____ brick (s). The brick is to be worded as follows:

1st Line: _____

2nd Line: _____

3rd Line: _____

4th Line: _____

5th Line: _____

6th Line: _____

7th Line: _____

8th Line: _____

9th Line: _____

_____ bricks at \$500 each = \$_____