



110th Anniversary
COMMEMORATIVE WALKWAY
Engraved Brick Order Form

Your Name _____

Address/City/State/Zip _____

Phone _____ E-Mail _____

INSTRUCTIONS:

Use a separate form for each brick ordered. Each brick has a maximum of four lines of text, with a maximum of 13 characters per line. Use one box for each letter or space for name, title, message, etc. to be engraved.

Please send acknowledgment of my Honorary or Memorial Brick gift to:

Name _____

Address/City/State/Zip _____

PAYMENT:

up to three lines of engraving \$125 four lines of engraving \$150

Payment type: Check (*payable to Ohio Osteopathic Foundation*) VISA MasterCard

Name on Card _____

Credit Card # _____ Expiration Date _____

Billing address (if different from above) _____

Signature _____

Contributions are tax deductible. Proceeds will support osteopathic education and research in Ohio.

RETURN BY MAIL OR FAX:

Ohio Osteopathic Foundation

53 W. Third Avenue, PO Box 8130, Columbus, Ohio 43201
614-299-2107 • 614-294-0457 fax • 800-234-4848 • www.ooanet.org