



Chilton Medical Center Auxiliary Brick Walk

Inviting You to be Part of a Legacy

Chilton Medical Center Auxiliary

97 West Parkway
Pompton Plains, NJ 07444
973-831-5345

atlanticealth.org/chilton

CMC-29044-19



The Chilton Auxiliary offers an extraordinary opportunity for you to participate in creating a legacy as you support quality health care in your community.

For more information about the Chilton Medical Center Auxiliary or the Brick Walk project, please call 973-831-5345.





A Perfect Way to Honor a Loved One or Celebrate a Special Event

There are two brick sizes available for purchase. A 4"x 8" inscribed brick is \$100 and an 8"x 8" inscribed brick is \$225. For an additional cost of \$25, you can have a special symbol added to your inscription. You may choose from one of the symbols below*.



Your personally inscribed brick will be a permanent remembrance, displayed prominently near the entrance to the hospital.

As you honor your loved one, know that your gift will benefit Chilton Medical Center's community. This project is one of many fundraising efforts undertaken by the Chilton Auxiliary. Proceeds from the Brick Walk project, exclusive of costs, will go toward enhancing the patient experience and maintaining Chilton Medical Center's high quality patient care.

These special commemorative bricks are placed to the left and right of the walkways leading to Chilton Medical Center's main entrance.

**Additional symbols are also available upon request.*

Brick Order Form

To order your commemorative brick, complete the order form below. You may use a copy of this form if ordering more than one brick.

Name _____

Telephone _____

Address _____

City _____ State ____ Zip _____

Brick Size:

- 4"x 8" - \$100: May contain up to 2 lines of 15 characters per line.
- 8"x 8" - \$225: May contain up to 6 lines of 15 characters per line.

Inscription:

You may use the space below for your inscription. Punctuation such as commas, periods and hyphens, as well as spaces, is counted as one character.

Add Symbol (additional \$25 per symbol):

- No Yes, Symbol: _____

Total amount \$ _____

Payment:

Please note, we can only accept cash or check at this time.

- Cash
- Check: Payable to Chilton Auxiliary
Number _____ Date _____

Place your completed form with payment in an envelope and mail to: Chilton Auxiliary, 97 West Parkway, Pompton Plains, NJ 07444

This gift is tax deductible to the fullest extent of the law.