

PLEDGE FORM

Yes. I would like to create a forever memory with a brick outside the Brockton Hospital School of Nursing!

Name: _____

Address: _____

City/Zip: _____

Phone: _____

Email: _____

Signature: _____

Brick Wording:

Please print clearly

_____ } 4x8
_____ } 8x8
_____ }
_____ }

I would like # ___ bricks at ___ \$135 ___ \$250 # ___ windows at ___ \$500

___ I am enclosing a check for \$ _____
(Please make check payable to Signature Healthcare Foundation)

___ I am an employee and would like to use payroll deduction
(Please complete payroll deduction form found on the intranet)

___ Please charge my gift to:
___ MasterCard ___ Visa ___ Discover

Card #: _____ Exp. Date: _____

Signature: _____
(Name as it appears on card)

Please submit this form with payment to:

Signature Healthcare Foundation
680 Centre Street
Brockton, MA 02302

For more information please call 508-941-7179

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