



Marguerite B. Walker Memorial Garden Brick Paver *Order Form*

Your Name (Donor) Telephone

Address City State Zip

In Honor In Memory Of: Name _____

Please send acknowledgement to: _____
Name

Address City State Zip

*Checks made payable to Morehead Memorial Hospital Foundation
\$100.00 per brick*

Brick inscription can be up to 18 characters per line.
Punctuation and spaces between words count as characters.

Engrave brick(s) with the following inscription:

Please mail your check along with this form to:

Morehead Memorial Hospital Foundation
117 E. Kings Highway
Eden, NC 27288-5201



If you have any questions,
please call 336-627-6334

