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