

DR. JAMES D. BOWMAN MEMORIAL GARDEN
at the Illinois Institute for Addiction Recovery

COMMEMORATIVE BRICK ORDER FORM

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Line 1: _____ (13 characters per line)

Line 2: _____ (13 characters per line)

Line 3: _____ (13 characters per line)

Brick with two lines: \$50.00 Brick with three lines: \$60.00

Total Fee: \$ _____

Payment Type: Check Credit Card

Credit Card Type: VISA Master Card Discover

Print name as it appears on card: _____

Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____

Authorized Signature: _____

Please make checks payable to Proctor Hospital.

Please return completed form with payment to:
Proctor Hospital, Attention: Rande McGraw
5409 N. Knoxville Ave., Peoria, IL, 61614

Please note: The Illinois Institute for Addiction Recovery at Proctor Hospital reserves the right to refuse any brick inscription request it views as inappropriate.