



The Floyd and Franceline Parris Community Trail Commemorative Brick ORDER FORM

Ordered by _____ Phone _____

Address _____ City _____ State _____ ZIP _____

I/we wish to order the following to be placed in the commemorative brick plaza:

_____ Engraved 4" x 8" Granite Brick(s) @ \$100 each = _____

_____ Engraved 8" x 8" Granite Brick(s) @ \$200 each = _____

ORDER TOTAL = _____

Please make checks payable to Cass Regional Medical Center Foundation, or complete the following for payroll deduction:

I hereby authorize Cass Regional Medical Center to deduct \$_____ for my commemorative brick purchase for The Floyd and Franceline Parris Community Trail:

_____ next payroll check in one deduction _____ next two payroll checks (equal amounts)

Employee Signature

Employee #

Date

**Please print brick inscription information below in upper case block letters.
Print one letter/character per box. Spaces and punctuation marks count as characters.**

4" x 8" Brick

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8" x 8" Brick

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Return form and payment to the Foundation office (located in Administration). For questions, call extension 4650. Thank you!