

Benefis Sletten Cancer Institute

Paver Inscription/Order Form

6" x 6"

\$500

6 lines, 15 characters per line

12" x 6"

\$750

5 lines, 22 characters per line

12" x 12"

\$1,000

8 lines, 18 characters per line

Payment Information

___ 6 x 6 paver(s) at \$500 each = \$ _____ total
 ___ 12 x 6 paver(s) at \$750 each = \$ _____ total
 ___ 12 x 12 paver(s) at \$1,000 each = \$ _____ total

___ My check is enclosed
 (Payable to Benefis Health System Foundation)

Visa MasterCard Discover American Express

 CREDIT CARD #

 SIGNATURE

 EXPIRATION DATE

 NAME (please print)

 ADDRESS

 CITY / STATE / ZIP

 PHONE

 EMAIL (Phone & email requested so we can verify your inscription.)

MAIL FORM & PAYMENT TO: **Benefis Health System Foundation**
 PO Box 7008 | Great Falls, MT 59406-7008
 406.455.5840

You will be notified when your paver has been installed.

Thank you!