



Commemorative Brick Program

The commemorative brick program at Irwin County Hospital offers the opportunity to leave your own lasting legacy, celebrate the birth of a loved one, recognize the dedication of a hospital physician or staff member, and/or remember a loved one. Your gift will help support the Foundation's efforts to assist the hospital in providing much needed services for all Irwin County residents and surrounding communities.

These bricks will be placed along the walkway outside the new entrance of the hospital on a first-come, first-serve basis. All orders are tax-deductible through our 501(c)(3) Hospital Foundation.

4x8 engraved brick	\$100
8x8 engraved brick	\$200
12x12 engraved brick	\$375
4x4 replica tile <i>(only available with purchase of engraved brick)</i>	\$25

Commemorative Bench Program

The commemorative bench program offers families the unique opportunity to memorialize their loved one. Only a limited number of benches with engraved plaques will be sold on a first-come, first-serve basis. These donations will help support the Foundation's efforts to assist the hospital in providing much needed services for all Irwin County residents and surrounding communities.

The benches will be placed in various areas outside of the facility. All orders are tax-deductible through our 501(c)(3) Hospital Foundation.

Bench with engraved name plaque	\$2,500
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**Irwin County Hospital reserves the right to exclude any brick or plaque ordering deemed inappropriate (language must conform to social etiquette and must not be derogatory, illegal, or suggestive).*



Donation Form

I would like to purchase:

- 4x8 engraved brick \$100
Up to 20 spaces per line, 3 lines
- 8x8 engraved brick \$200
Up to 20 spaces per line, 6 lines
- 12x12 engraved brick \$375
Up to 20 spaces per line, 8 lines
- 4x4 replica tile \$25
(only available with purchase of engraved brick)
- Bench with engraved name plaque \$2,500

Total Amount Enclosed: \$ _____

Engraved Message:

Contact Information:

Name _____
Phone Number _____
Email _____

Please submit this form with your payment to the following address:

Irwin County Healthcare Foundation
c/o Tara Smith
710 North Irwin Avenue
Ocilla, GA 31774