



**ANGEL HARVEY**  
**FAMILY HEALTH CENTER**  
**INFANT WELFARE SOCIETY of CHICAGO**

## Commemorative Brick Order Form

Print this form and mail or fax to IWS 773-782-5042

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

I am purchasing a brick as a gift for:  
 \_\_\_\_\_

This is a surprise, do not send acknowledgement of gift to recipient (add additional information on back of this form, if necessary)

Gift Recipient's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

**PLEASE ETCH MY BRICK TO SAY:**

4"x 7" Standard size, imprinted \$100  
 (3 lines, 12 characters per line)

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8"x 7" Large size, imprinted \$250  
 (5 lines, 12 characters per line)

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I would like to purchase

- \$100 - 4" x 7" standard size
- \$250 - 8" x 7" large size
- \$500 - 13" x 8" extra large size

Please fill in the following information and mail to:

Infant Welfare Brick Program  
 Attn. Gina Brown  
 3600 W. Fullerton Ave., Chicago, IL 60647

Make checks payable to:

Infant Welfare Society of Chicago

Please charge my total brick purchase of \$ \_\_\_\_\_  
 to my:

- Visa
- MasterCard

Card # \_\_\_\_\_

Exp. \_\_\_\_/\_\_\_\_

Signature required: \_\_\_\_\_

13"x 8" Extra Large size, imprinted \$500  
 ( 5 lines, 20 characters per line)

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Any additional information regarding handling of a surprise gift:

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Questions? Please contact Gina Brown  
 Communications Lead, 773-782.2800 ext. 6052  
[BrownG@infantwelfare.org](mailto:BrownG@infantwelfare.org)