

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Please select your brick type:  4" x 8"  8" x 8"  Array of four 8"x 8" bricks featuring your logo

Please indicate your donation amount: \$ \_\_\_\_\_

Please engrave my brick as follows:


## For More Information

Please contact Lauryn Goldstein,  
marketing and development  
associate

Phone:  
(609) 883-5391 ext. 393

Email:  
LGoldstein@greenwoodhouse.org

[www.GreenwoodHouse.org](http://www.GreenwoodHouse.org)



# Greenwood House

SKILLED NURSING | ASSISTED LIVING  
HOMECARE SERVICES | REHABILITATION  
HOSPICE CARE | KOSHER MEALS ON WHEELS

## Memorial Brick Campaign



53 Walter Street  
Ewing, NJ 08628  
(609) 883-5391  
[www.GreenwoodHouse.org](http://www.GreenwoodHouse.org)

# Memorial Brick Campaign



Having a brick engraved and placed in our beautiful garden is an everlasting way to memorialize a loved one or honor a caregiver.

Tax-deductible personalized brick(s) in memory or honor of a loved one, for special events such as weddings or anniversaries, or for recognition and thanks.

All proceeds are reinvested into Greenwood House to help us provide full, rich lives for our residents now and for future generations.

These lasting memorials/honorariums will be displayed with pride and will forever commemorate the generosity and care of our family and friends.

## Pricing

### For a gift of \$200- \$299

4"x 8" engraved brick, 3 lines of text with 20 characters per line

### For a gift of \$300- \$549

8"x 8" engraved brick, 6 lines of text with 20 characters per line

### For a gift of \$550 +

Array of four 8"x 8" bricks featuring your corporate logo

Please email your logo file to [lgoldstein@greenwoodhouse.org](mailto:lgoldstein@greenwoodhouse.org)

**Please note that any symbol is considered one space (period, comma, dash).**

**All text is capitalized and centered.**

Please mail this portion of the form with payment to:

Greenwood House Brick Campaign

Attn: Lauryn Goldstein

53 Walter Street

Ewing, NJ 08628

**Please make checks payable to:  
Greenwood House  
or  
To pay by credit card please complete:**

Card Type:  Visa  MasterCard

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

Exp. Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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

Email: \_\_\_\_\_