

NEIGHBORHOOD HEALTH CLINIC PERSONALIZED PAVER ORDER FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please make your check payable to Neighborhood Health Clinic

OR

Please provide you credit card information:

____ VISA ____ Master Card ____ AM EX Exp. Date _____

\$Amount _____ Card # _____

Name on card (Please Print) _____

Your Signature: _____

4" X 8" Engraved Brick Paver @ \$200

Up to three lines – Maximum of 12 characters per line (incl. Spaces):

PLEASE PRINT BELOW

8" X 8" Engraved Brick Paver @ \$300

Up to six lines – Maximum of twelve characters per line (incl. Spaces):

PLEASE PRINT BELOW

**Please mail to: Attn: Stephanie Foster, 239-261-6600, ext. 25
Neighborhood Health Clinic
120 Goodlette Road North
Naples, FL 34102**