**RESERVE YOUR BRICK TODAY!**

**Honor a loved one | Leave your legacy | Care for our community**

**Support the Center for Medical Education & Neuroscience Institute**

 

|  |
| --- |
| **3 BRICK SIZES PAY OVER 2 YEARS**  |
| **Brick Size** | **Message Length** | **Biweekly Payroll Deduction** |
| **$250**4x8” Brick | 3 lines | $4.81 |
| **$500**8x8” Brick | 6 lines | $9.62 |
| **$1,000**12x12” Brick | 8 lines | $19.23 |

**For more information, please contact:**

Jamie Powell, Gifts Officer, Cape Fear Valley Health Foundation at jpowell2@capefearvalley.com or (910) 615-1358
Visit [www.cfvfoundation.org/caringforfuture](http://www.cfvfoundation.org/caringforfuture)



**Caring for the Future Campaign**

**Employee Reply Form**

 **DONOR INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name First name MI Birth Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Email Employee ID#

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Spouse Birth Date

**GIFT / PLEDGE INFORMATION**

I/We wish to join the Cape Fear Valley Health Foundation’s Caring for the Future campaign by sponsoring:

 □ $250 Standard Brick, 4x8”

□ $500 Medium Brick, 8x8”

□ $1000 Large Brick, 12x12”

*Cape Fear Valley Employees may pledge gifts of $250 to $1,000 over 2 years. See reverse for payment schedules. After reserving a brick with your donation, the Foundation will contact you to confirm your engraved message. Gifts of $2,500 or more qualify for naming opportunities inside the new building and may be paid over 5 years. Contact the Foundation for more information.*

**This gift is to be paid:**

◻ Check enclosed made payable to Cape Fear Valley Health Foundation.

◻ I authorize Cape Fear Valley Health to make a bi-weekly payroll deduction of $\_\_\_\_\_\_\_\_\_\_.
◻ I would like to make a PTO donation of \_\_\_\_\_\_\_\_\_\_\_\_ hours. (One-time, annual or quarterly donations only)
◻ I authorize Cape Fear Valley Health Foundation to charge my credit card in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 per quarter/ year/ other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Credit Card Account Number Exp. Date Security Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**DONOR RECOGNITION**

◻ In all acknowledgements, please use the name(s) shown below. ◻ I/We wish to remain anonymous.

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**Please return completed form to:**

Jamie Powell

Cape Fear Valley Health Foundation

101 Robeson Street Suite 106 Fayetteville NC 28301

jpowell2@capefearvalley.com / 910-615-1358 office / 910-615-9920 fax *www.cfvfoundation.org/caringforfuture*