

Help Support the UCHC Mission
Donations



**United Community Health Center
Bricks Program Order Form**

\$125.00 for Each Brick. [Please complete one form for each brick ordered. Payment may be made on 1 check.]

>> Please Print Clearly <<
Your brick will be engraved from the information provided below.

Line 1												
Line 2												
Line 3												

Name of Donor	
Donor's Address	
City, State, Zip	
Phone #	
Email Address	
Amount of Donation	



**TO MAKE YOUR
DONATION BY
CREDIT CARD
PLEASE COMPLETE THIS
SECTION**

Type Credit Card: VISA Mastercard Discover Card

Credit Card Account #: _____

Expiration Date: ____/____/____ Signature: _____

Name and Address of Card Holder [if different than shown above]:



**TO MAKE YOUR
DONATION BY CHECK**

Please make check payable to: **United Community Health Center**



**PLEASE COMPLETE THIS
FORM AND MAIL TO:**

The Bricks Program
United Community Health Center
81 West Esperanza Boulevard, Suite 201
Green Valley, AZ 85614