

Paving the Way to Patient Safety Campaign Brick Order Form

- Yes, I would like to order _____ brick(s) at \$250 each = TOTAL \$ _____
- No, thank you. In lieu of ordering a brick, I have enclosed a contribution of \$ _____ to support the advancement of patient safety.

Name _____
 Chapter, Organization, or State Council Name _____
 Address _____
 City, State, Zip _____
 Telephone _____ E-mail _____

- Check (*Made payable to: AORN Foundation*)
- Credit Card: (*Circle One*): VISA MC DISCOVER AMEX

Card #: _____ Exp. Date _____ Security Code _____
 Signature: _____

Each brick purchase includes three lines of text engraved with a maximum of 20 character spaces per line for capital/lower case and 16 for all capital. Please print your engraved message below:

Example

J	O	H	N		S	M	I	T	H										
---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Brick 1:

Brick 2:

Per your request we will send notification of this gift to:

Name _____
 Address _____
 City, State, Zip _____

To order more than two bricks, please print engraving information on a separate sheet of paper and attach to this form.

Please mail your completed form to: AORN Foundation
 2170 S. Parker Road, Suite 400
 Denver, CO 80231

The purchaser understands that all payments will benefit the AORN Foundation, less the costs of material, design and expenses relative to the delivery of the Pathway to Patient Safety. All text is subject to approval. No refunds will be made for brick orders. Bricks will be randomly placed in the pathway. Installation schedule based on orders. AORN Foundation is a 501 (c)(3) nonprofit organization. Contributions are tax deductible to the full extent of the law.

Thank you for supporting the AORN Foundation

