

## Build a Healthier Community with Healthcare Close to Home



EOPCC has brought Healthcare Close to Home by building a beautiful new space for cancer care, psychiatric care, and a blood draw lab and more to help make Emmitsburg a healthier community. But, to make all this possible, EOPCC had to take out three loans. Amazing community support has helped us pay off one loan. **Will you help us work on the other two by buying a commemorative brick or making a donation?**

Your **engraved brick** will be placed in a prominent location in the new clinic where all the community will see it. For \$50, \$100, or \$150, you can buy a brick to be engraved with an inscription of your choice. This is a wonderful opportunity to honor a loved one by having their name engraved or show the community that you support EOPCC engraving your name or your family's names on a brick.

### Brick Order

- I would like to buy a **\$50 4"x 8" brick** with 4 lines of up to 18 characters each
- I would like to buy a **\$100 8"x8" brick** with 8 lines of up to 18 characters each
- I would like to buy a **\$150 12"x12" brick** with 12 lines of up to 18 characters each

#### Please engrave my brick with the following:

Line 1: _____	Line 2: _____	
Line 3: _____	Line 4: _____	(Stop here for \$50 brick)
Line 5: _____	Line 6: _____	
Line 7: _____	Line 8: _____	(Stop here for \$100 brick)
Line 9: _____	Line 10: _____	
Line 11: _____	Line 12: _____	(Stop here for \$150 brick)

### Cash Donation to Healthcare Close to Home Campaign

Yes! I would like to make a contribution to support EOPCC and its Healthcare Close to Home campaign.

Option 1: Please accept my donation of  \$10.00  \$25.00  \$50.00  \$100.00  Other \_\_\_\_\_.

Option 2: I would like to make a pledge of \$\_\_\_\_\_ paid in installments of \$\_\_\_\_\_ on a  
 monthly  quarterly  annual basis over a period of \_\_\_\_\_ year(s).

My first payment is enclosed.

### Method of Payment

- My check, payable to EOPCC, is enclosed.
- Please charge my Visa or Mastercard. Card # \_\_\_\_\_ Exp. \_\_\_\_\_

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

If pledging, would you like EOPCC to automatically charge your credit card based on the amount and payment schedule you have selected? (Circle one) Yes No

### Contact Information

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please return your completed form to **EOPCC, P.O. Box 1219, Emmitsburg, MD 21727**

EOPCC is a 501(c)(3) nonprofit organization and your contribution is tax-deductible.

**Thank you for supporting EOPCC!**