

# ADVOCATE. EDUCATE. EMPOWER.



ALICE PAUL HOUSE BRICK CAMPAIGN  
PO BOX 417  
INDIANA, PA 15701

Display your personalized brick in our new facility's Children's Play Area. All proceeds will benefit our survivors through support of Alice Paul House's Capital Campaign goal of \$500,000 and new facility furniture, fixtures and operational needs.

Personalized Bricks (4"x8" Clay Brick) with or without customized clip art or logo (Bricks with Logos must be ordered via donor brick website: [www.alicepaulhouse.org](http://www.alicepaulhouse.org)). Submit order form to Alice Paul House, order via website or call APH to order via telephone.

- Number of bricks ordered with Customized Logo:  
# \_\_\_\_ x \$150.00 = \$\_\_\_\_\_
- Number of bricks ordered without Customized Logo:  
# \_\_\_\_ x \$125.00 = \$\_\_\_\_\_

**Keepsake Replica Ceramic Tile (4"x4")**

- Number of Replica Ceramic Tiles ordered:  
# \_\_\_\_\_ x \$20.00 = \$\_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

<p><b>BRICK 1</b></p> <p>Line 1 (choose) <input type="checkbox"/> Blank <input type="checkbox"/> In Honor of <input type="checkbox"/> In Memory of</p> <p>Line 2 _____ <b>(Required)</b></p> <p>Line 3 _____ <b>(Optional)</b></p> <p><input type="checkbox"/> Please send me a Keepsake Replica Ceramic Tile of this brick.</p>	<p><b>BRICK 2</b></p> <p>Line 1 (choose) <input type="checkbox"/> Blank <input type="checkbox"/> In Honor of <input type="checkbox"/> In Memory of</p> <p>Line 2 _____ <b>(Required)</b></p> <p>Line 3 _____ <b>(Optional)</b></p> <p><input type="checkbox"/> Please send me a Keepsake Replica Ceramic Tile of this brick.</p>	<p><b>BRICK 3</b></p> <p>Line 1 (choose) <input type="checkbox"/> Blank <input type="checkbox"/> In Honor of <input type="checkbox"/> In Memory of</p> <p>Line 2 _____ <b>(Required)</b></p> <p>Line 3 _____ <b>(Optional)</b></p> <p><input type="checkbox"/> Please send me a Keepsake Replica Ceramic Tile of this brick.</p>
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Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Credit Card:  AMEX       DISCOVER       MASTER CARD       VISA

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_      CVC CODE: \_\_\_\_\_

CHECK Number: \_\_\_\_\_       MONEY ORDER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_