

Name

Address

Phone

Email

9x9 Paver \_\_\_ (Qty) x \$100 each=\$ \_\_\_\_

9x12 Paver \_\_\_ (Qty) x \$200 each=\$ \_\_\_\_

12x15 Paver \_\_\_ (Qty) x \$300 each=\$ \_\_\_\_

Bench \_\_\_ (Qty) x \$3000 each=\$ \_\_\_\_

Garden Area (\$750-\$1000 each) = \$ \_\_\_\_

Symbol \_\_\_ (Qty) x \$10 each=\$ \_\_\_\_

Total Due: \$ \_\_\_\_

Method of Payment

Cash       Check       Credit Card

Credit Card #

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Expiration Date \_\_ / \_\_

Card Security Code: \_\_\_\_

Mail completed form & payment to:  
PCMH Entrance Garden  
434 N. West St., Perryville, MO 63775

Perry County Memorial Hospital  
434 North West Street  
Perryville, MO 63775  
573.547.2536 • www.pchmo.org

## ENTRANCE GARDEN



Perry County Memorial Hospital

*People Care More Here*

