

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

