



piedmontwomenscenter.org/grove

DATE _____ AMOUNT \$ _____

NAME(S) _____

COMPANY/ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

** Please make checks payable to Piedmont Women's Center.*

QUESTIONS? CALL Rob: (864) 419-3928

4" x 8" Brick - \$150 (3 lines of 15 letters, spaces or punctuations)

bj																				

8" x 8" Brick - \$250 (4 lines of 20 letters, spaces or punctuations)

bj																			

12" x 12" Brick - \$350 (6 lines of 20 letters, spaces or punctuations)

bj																			

CHECK # _____ CREDIT CARD _____ CASH \$ _____ INT _____