



PATHWAY TO PROGRESS - PAVER ORDER FORM

Your paver will be installed on the pathway leading to the entrance of the Frank and Evelyn Fryer Radiation Therapy and Physical Rehabilitation Center.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

In the event there are questions about your paver order, please provide your telephone number and email address:

TELEPHONE _____ EMAIL _____

ORDER INFORMATION

I wish to order one 12" X 12" paver (\$750 per paver) \$ _____

I wish to order one 24" X 24" paver (\$1,500 per paver) \$ _____

I wish to make an additional gift of:

\$50 \$100 \$250 \$500 Other _____ \$ _____

TOTAL (Paver Order AND Additional Gift) \$ _____

(Full amount is tax-deductible as a charitable contribution.)

PAVER MESSAGE: 12" X 12" PAVER

Up to 3 lines of text (ALL CAPS); Up to 16 characters per line. (Periods, commas, and spaces count as characters)

LINE 1: _____

LINE 2: _____

LINE 3: _____

PAVER MESSAGE: 24" X 24" PAVER

Up to 6 lines of text (ALL CAPS); Up to 32 characters per line. (Periods, commas, and spaces count as characters)

LINE 1: _____

LINE 2: _____

LINE 3: _____

LINE 4: _____

LINE 5: _____

LINE 6: _____

PAYMENT METHOD

Check payable to **UW Foundation** is enclosed.

Charge my credit card.

Cardholder Signature: _____

Card Number: _____ Exp. Date _____

Cardholder Name (Please Print): _____

CHECK APPROPRIATE BOXES, IF APPLICABLE.

This paver order is:

In memory of A person Person's Name _____

In honor of An animal Animal's Name _____

No notification is needed. Leave blank below.

Send notification of my paver order to:

Name _____

Address _____

City _____ State _____ Zip _____

MAIL THIS ORDER FORM TO:

Pathway to Progress Program
Office for Advancement
UW School of Veterinary Medicine
2015 Linden Drive
Madison WI 53706-1102

Questions?

Contact **Pathway to Progress Program** at (608) 262-5534