

# PATHWAY OF LOVE Commemorative Brick Program

Sarasota Center of Light

METAPHYSICAL



SPIRITUALITY

*Illuminating Spiritual Journeys*

## ORDER FORM

Celebrate your love of SCOL by ordering your personalized brick(s) to commemorate a family member, friend, pet, group, business, or special occasion for recognition and thanks as a tribute or in memory of a loved one. Your engraved brick(s) will become part of the new walkway from Davis Hall to the Healing Garden and will be a special reminder to the community of SCOL's rich history. Brick purchases will support SCOL's financial well-being and growth in the continuation and expansion of services and educational opportunities to our community.

**\$50 ea. (\$45 for Members) 4" x 8" Engraved Brick | 3 lines - up to 20 characters per line**

### PLEASE CHOOSE ONE:

ONE BRICK

TWO BRICKS

Use additional forms as needed for multiple orders.

Add a special touch to your commemorative brick(s) by choosing an image from our clip art selection for an **additional cost of \$10 per brick**. One image per brick please. Your chosen image will be tastefully engraved at the proper size to go along with your personal message as indicated in your brick selection(s) below.



Please **CLEARLY PRINT** the name or message you would like engraved on your brick(s). The maximum number of characters (including spaces and punctuation) is 20 per line.

<input type="checkbox"/> Add \$10 clip art image Enter Image Code <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### PLEASE PRINT:

Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

My payment of \$\_\_\_\_\_ is enclosed  Cash (OR)  Check  
 Make checks payable to Sarasota Center of Light.

**Return completed form(s) with payment to:**

Sarasota Center of Light  
 Attn: Office Manager  
 2710 Browning Street  
 Sarasota, FL 34237

**PLEASE DO NOT MAIL CASH.**  
 Either bring into the Office weekday mornings or place in Office door drop slot. Thanks.