THE ELS CENTER OF EXCELLENCE
COMMEMORATIVE
BRICK PROGRAM

Help us pave the way to The Els Center of Excellence by having your name, message and/or child’s drawing set in stone in The Center’s courtyard; a focal point within The Center.

Whether you are making a gift as a birthday present, in memory or in honor of someone special, or simply to show your support, these bricks are a wonderful way to express a personalized and unique message that will become a permanent feature at The Els Center of Excellence.

BRICK DESIGN OPTIONS

OPTION 1
$250
4”x8” Brick
1 - 3 Line Message

OPTION 2
$450
8”x8” Brick
1 - 6 Line Message

OPTION 3
$550
8”x8” Els Art Brick
1 - 2 Line Message

OPTION 4
$550
8”x8” Child Art Brick
1 - 2 Line Message

CONTACT US
If you have questions regarding this order form or are interested in other donation opportunities contact Paige Scollard at Paige.Scollard@elsforautism.org or call 561-320-9532.

www.ElsForAutism.org/Bricks
DONOR INFORMATION

Your Name: ______________________________________________________________________________
Address: _________________________________________________________________________________
City/State/ZIP: ___________________________________________________________________________
Phone: _____________________________________ Cell: _________________________________________
Email: ____________________________________________________________________________________

BRICK RECOGNITION OPTIONS

Please select type the brick option you would like and fill in the quantity and total donation below.

<table>
<thead>
<tr>
<th>BRICK TYPE</th>
<th>DONATION</th>
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<tbody>
<tr>
<td>OPTION 1 : 4&quot;X8&quot; BRICK (1 - 3 LINE MESSAGE)</td>
<td>$250</td>
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<tr>
<td>OPTION 2 : 8&quot;X8&quot; BRICK (1 - 6 LINE MESSAGE)</td>
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<td>OPTION 3 : 8&quot;X8&quot; ELS ART BRICK (1 - 2 LINE MESSAGE)</td>
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<td>OPTION 4 : 8&quot;X8&quot; CHILD ART BRICK (1 - 2 LINE MESSAGE)</td>
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TOTAL

SELECT PAYMENT OPTION

☐ Enclosed is my check, payable to Els for Autism Foundation
(Please indicate Commemorative Brick Program in check memo line)

Please charge my credit card ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Name on credit card: ________________________________________________

Credit Card #: ________________________________________________ Exp: ______ Security Code: ______________

If the billing address on your credit card is different from the one given above, please provide it:
____________________________________________________________________________________________

Signature __________________________________________________________________________________

☐ I prefer to be contacted for my credit card information. I have signed the line above.

Please mail payment and completed order form to:
The Els Center of Excellence, Brick Program, Attn: Paige Scollard,
18370 Limestone Creek Road, Jupiter, FL 33458

Els for Autism is a US public charity (EIN #26-3520396), recognized by the IRS as exempt from Federal tax under Section 501(c)(3) of the tax code. Donors should consult their tax advisor to determine whether they are eligible to claim a deduction associated with their donation. Brick design and locations subject to change. Brick orders are commemorative. Naming is subject to availability. Engraving copy and child art subject to approval by Els for Autism. Els for Autism reserves the right to slightly alter complex or detailed areas.
Please complete the relevant section that reflects the brick option you have selected.

**OPTION 1 - 4”X8” BRICK: 1-3 LINE MESSAGE**

Please engrave the following message on my brick

There is a limit of 15 characters per line, which includes punctuation marks and blank spaces.

There is a limit of 3 lines on each brick. One character per box. Please print clearly.

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**OPTION 2 - 8”X8” BRICK: 1-6 LINE MESSAGE**

Please engrave the following message on my brick

There is a limit of 15 characters per line, which includes punctuation marks and blank spaces.

There is a limit of 6 lines on each brick. One character per box. Please print clearly.

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**OPTION 3 - 8”X8” ELS ART BRICK: 1-2 LINE MESSAGE**

Please select which Els Art you would like on your brick:

- [ ] Puzzle Pieces
- [ ] Lion Image
- [ ] Els for Autism Ribbon

Please engrave the message above on my brick.

There is a limit of 15 characters per line, which includes punctuation marks and blank spaces.

There is a limit of 2 lines on each brick. One character per box. Please print clearly.
OPTION 4 - 8"X8" CHILD ART BRICK: 1 - 2 LINE MESSAGE

Please engrave the following child art and message on my brick.

1. Artwork must fit within the box size given on the template form.
2. Art must be no larger than 5" in height and 7" in width to allow for two lines of text.
3. Art must be drawn with a thick black marker (Example: Sanford Sharpie Medium Point) on a white background.
4. No sketches or colored pictures will be accepted.
5. No thin lines or intricate details will be accepted.
6. Any text in the body of the artwork box (names, dates, ages, etc.) must also be drawn with a thick black marker, and must be at least 3/4" in height.
7. For the 2 line message, there is a limit of 15 characters per line, which includes punctuation marks and blank spaces. One character per box. Please print clearly.
8. Donors should mail their original child art forms to the address listed on the form. No faxes or electronic copies can be accepted as these do not transfer correctly to our software.
9. All child artwork and copy is subject to approval by The Els for Autism Foundation. The Foundation reserves the right to slightly alter complex or detailed areas, without notice to donor.

CHILD ART BY:

For child art, pen and pencil are not accepted. Please use a medium point black sharpie only.

Please mail your payment and completed order form to:
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18370 Limestone Creek Road, Jupiter, FL 33458