



Please print clearly.
Use ONE form per brick.
Please select your location:



CRANE'S MILL
Continuing Care
Retirement Community



LUTHERAN CARE
at MOORESTOWN

I would like to make a donation in lieu
of a brick purchase \$_____.

Please select memorial brick size:

4" x 8" Brick (3 lines) \$100 8" x 8" Brick (6 lines) \$250

4" X 8" BRICK ONLY

1st Line (14) _____

2nd Line(14) _____

3rd Line(14) _____

8" X 8" BRICK ONLY

4th Line(14) _____

5th Line(14) _____

6th Line(14) _____

HONOR/MEMORIAL

In memory of In honor of

Name: _____

PLEASE SEND AN ACKNOWLEDGEMENT TO:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____



Help Support the GOOD SAMARITAN FUND

Lutheran Social Ministries of New Jersey has a tradition of providing services to people in need. This impacts the lives of seniors, immigrants, disaster victims & children, to name a few. The Lutheran Social Ministries of New Jersey Good Samaritan policy is in this tradition of meeting people's needs and addresses a very specific issue that may affect some of our residents. Proceeds from brick sales support the Good Samaritan Funds at Crane's Mill Continuing Care Retirement Community and Lutheran Care at Moorestown.



LEAVE A PERMANENT LEGACY

The bricks are being used to create a special walkway near the main entrance of Towne Square at Crane's Mill as well as a new walkway and garden near the entrance of Lutheran Care at Moorestown. Everyone is invited to buy bricks, either for you, someone else to commemorate a special occasion, or to honor or remember a special loved one. You will be able to create your own message. In years to come, you will be able to see your brick as a permanent legacy of Crane's Mill Continuing Care Retirement Community and Lutheran Care at Moorestown.



ORDERING INFORMATION

Please be sure all information is spelled correctly and printed clearly. If you are purchasing more than one brick, please make copies of this form. Please complete the order form and mail to:

LUTHERAN SOCIAL MINISTRIES *of* NEW JERSEY
Development Department
6 Terri Lane, Suite 300, Burlington, NJ 08016

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Checks payable to the Lutheran Foundation of New Jersey

MasterCard Visa Card#: _____

Expiration Date: _____

3-digit security code: _____

Name as it appears on credit card:

Signature _____