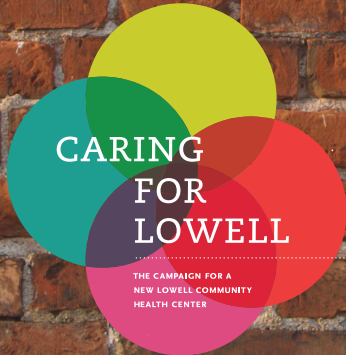


# BUY a BRICK



**Your Name Here**

**Campaign donations of \$500  
or more will be recognized  
on a wall of donors in our  
new building.**

# I CARE FOR LOWELL and want to support the Health Center's Expansion.

I want to purchase \_\_\_\_\_ bricks @ \$500 = \_\_\_\_\_

## CONTACT INFO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## PAYMENT INFO

Check enclosed (make payable to Lowell Community Health Center)

Credit card

Card type:       Visa       MasterCard

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

For more information, or to make a multi-year campaign pledge, contact Maura Smith, Director of Development at 978-746-7891 or by e-mail at [MauraSM@lhealth.org](mailto:MauraSM@lhealth.org).

**Mail contributions to:** Lowell Community Health Center, 585 Merrimack Street, Lowell, MA 01854