



**Help us build our new facility on the NWFSC Campus!**

Donor Information	
Name	
Address	
City, State, Zip Code	
Telephone	
E-mail	

Brick Information	\$	Total Amount Paid
Buy A Brick	_____ @ \$100	\$
PAYMENT METHOD		

**Brick #1**

Line 1 (15 char., including spaces)

Line 2 (15 char., including spaces)

Line 3 (15 char., including spaces)

**Brick #2**

Line 1 (15 char., including spaces)

Line 2 (15 char., including spaces)

Line 3 (15 char., including spaces)

Make checks payable to: Emerald Coast Autism Center  
 Please return form and payment to ECAC: 315 Edge Ave. Valparaiso, FL 32580

**Thank you for supporting the Capital Campaign for ECAC!**