



# FRIENDS OF THE MONMOUTH COUNTY CHILD ADVOCACY CENTER, INC.

One Place ❖ One Team ❖ One Coordinated Response  
 The Children of Monmouth County Deserve Nothing Less!  
 Because All Children Deserve a Safe Place

## BUY A STEPPING STONE CAMPAIGN

### ORDER INFORMATION

|          |             |  |
|----------|-------------|--|
| <b>*</b> | First Name: |  |
| <b>*</b> | Last Name:  |  |
|          | Company:    |  |
| <b>*</b> | Address:    |  |
|          | Country:    |  |
|          | Phone:      |  |
|          | Fax:        |  |
|          | Email:      |  |

Stepping Stone Size 12 x 12 Inches – \$1,000

*(Make check payable to Friends of MCCAC)*

|               | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---------------|---|---|---|---|---|---|---|---|---|----|----|----|----|
| <b>Line 1</b> |   |   |   |   |   |   |   |   |   |    |    |    |    |
| <b>Line 2</b> |   |   |   |   |   |   |   |   |   |    |    |    |    |
| <b>Line 3</b> |   |   |   |   |   |   |   |   |   |    |    |    |    |

### EXAMPLE

|               | 1  | 2 | 3  | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---------------|----|---|----|---|---|---|---|---|---|----|----|----|----|
| <b>Line 1</b> | 1  | 3 |    | S | P | A | C | E | S |    | M  | A  | X  |
| <b>Line 2</b> | C  | H | A  | R | A | C | T | E | R | S  |    | O  | N  |
| <b>Line 3</b> | 12 | x | 12 |   | S | T | O | N | E |    |    |    |    |

Please fill in the name or phrase you wish to have on your stepping stones. You have the option of using 1, 2, or 3 lines on your stepping stone.

Print exactly the way you wish your stepping stone to read. If you print in UPPERCASE or lower case, text will be laser engraved in UPPER CASE or lower case. You may also use numbers for your inscription. Spacing between words is considered as a character. Punctuation does require a space. All text will be automatically centered.

*\*Fields marked by a red asterisk are required.*

**PAYMENT INFORMATION**

|                 | Cash | Check | MC | Visa | Amex | Discover |
|-----------------|------|-------|----|------|------|----------|
| Payment Method: |      |       |    |      |      |          |

Address if Different Than Above:

Credit Card Number:

Signature:

Send Form To:

**Friends of the Monmouth County  
Child Advocacy Center, Inc.,  
75 West Main Street  
Freehold, NJ 07728-2114**