



Good medical care is critically lacking in many areas of Haiti. We experienced this firsthand with the loss of Sonsay, one of our dear Haiti Orphan Choir kids. Help us to pave the way to a better facility to serve the people of Haiti.

*Be a part of the
Love Him Love
Them Ministry
by purchasing
your engraved
Brick(s)*

Phone: 866-940-8782

Email: llafleur@lovehimlovethe.org

Visit us at: lovehimlovethe.org

*“Religion that God our Father accepts
as pure and faultless is this: to look
after orphans and widows in their
distress and to keep oneself from
being polluted by the world.”*

– James 1:27

Love Him Love Them

Give Hope, Touch Lives, Change Hearts



Love Him Love Them Ministries

P.O. Box 505, Lavonia, GA 30553



Love Him Love Them is a 501(c)(3) Tax Exempt Organization.

www.lovehimlovethe.org



**Help Love Him Love Them
pave the way into our new
Valley of Hope Hospital
in Haiti.**

Love Him Love Them

Give Hope, Touch Lives, Change Hearts



Paver Brick Options

4 x 8 brick with up to 3 lines of texts and 20 characters per line for \$100.



Inscribe a brick to:

- Memorialize a loved one
- Honor the birth of a child or grandchild
 - Celebrate and event (birthday, anniversary)
- Honor your business or employee

These bricks will be laser engraved and installed in the front walkway to our Valley of Hope Hospital. Your bricks will be in the outline of a cross in our walkway.

Please Mail Completed form
 With payment to:
 Love Him Love Them Ministry
 PO Box 505
 Lavonia, GA 30553

Brick Options

- 4X8 Brick Without Clipart (\$100.00)
 3 Lines of Text - 20 Characters per Line

When filling in the boxes below:

- Please print clearly
- Include all letters, spaces, and punctuation
- All text will be automatically centered
- You are not required to use all the lines

My Brick Message (Please Print)

Line 1																			
Line 2																			
Line 3																			

ONLINE ORDERING AT:

<https://www.fundraisingbrick.com/online-orders/lovehimlovethem/>

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Personal Information (Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

.....

Method of Payment (Please Print)

- Check Credit Card

Credit Card Number: _____

CVC Number: _____ Expiration Date: _____

Card Holder Name: _____

Signature: _____