

Permanently honor a loved one in the Healing Garden.

Gift and Recognition Form

Brick size and inscription grid space 4"x 8" Paver - \$200 (3 lines, 12 characters per line)

Item will be displayed in a public place; therefore, Aurora Health Care Foundation will review all inscriptions and contact you if any modifications to your message are necessary. Logos, graphics, phone numbers and Internet addresses are not permitted.

Use the grid below for your inscription. Write your inscription, one character per box. Note that spaces, dashes, parentheses and punctuation count as characters.

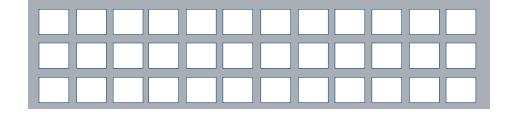
Please return form and payment to: Aurora Health Care Foundation

3075 Highland Parkway Downers Grove, IL 60515

For questions, please call 877-460-8730.

	Donor's Name
)	Address
	City State Zip
	Phone
	Email
	Enclosed is my check payable to: Aurora Health Care Foundation
	To pay with a credit card, please visit give.aurora.org/healinggarden
	This gift is in \Box memory \Box honor of
	Please Notify
	Address
	City State Zip
	All honorarium/memorial gifts are acknowledged, but the amount of your gift remains confidential.

4"x 8" Paver - \$200 3 lines, 12 characters per line



I would like to learn more about additional naming opportunities in the garden.

My company will match my gift. Completed form enclosed.



We are 🕂 🖘 Advocate Aurora Health