Aurora West Allis Medical Center

Healing Garden



Permanently honor a loved one with an outdoor brick purchase.

Gift and Recognition Form

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

Bricks 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 brick inscriptions. Write your inscription, one character per box. Note that spaces, dashes, parentheses and punctuation count as characters.

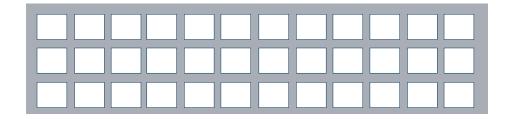
Please return form and payment to:

Aurora Health Care Foundation 2025 Windsor Drive Oak Brook, IL 60523

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 http://aah.org/HealingGarden						
This gift is in \square memory \square honor of						
Please Notify						
Address						
City	State	Zip				
All honorarium/memorial gi amount of your gift remains		•				

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.

