The Medical Center Foundation of Hartford

## **Healing Garden**

**AURORA MEDICAL CENTER -WASHINGTON COUNTY** 



## Permanently honor a loved one with an outdoor brick purchase. **Gift and Recognition Form**

Brick and	capston	e sizes	anc
inscriptio	n grid sp	ace	

**4" x 8" Brick - \$200** (3 lines, 14 characters per line)

1/2 Capstone - \$500

(4 lines, 20 characters per line)

Full Capstone - \$1,000

(8 lines, 20 characters per line)

## Guidelines

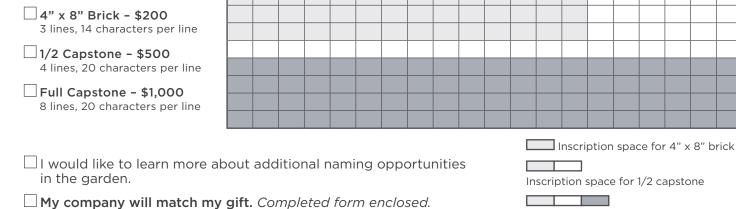
- · Logos, graphics, phone numbers and internet addresses are not permitted.
- Use the grid below for your inscription. Write your inscription, one character per box.
- Note that spaces, dashes, parentheses and punctuation count as characters.

## Please return form and payment to:

Aurora Health Care Foundation 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 <a href="http://aah.org/HealingGarden">http://aah.org/HealingGarden</a>				
This gift is in $\square$ memory $\square$ h	onor of			
Please Notify				
Address				
City	_ State	_ Zip		
All honorarium/memorial gift amount of your gift remains o		ledged, but the		





Inscription space for full capstone