

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 capstone sizes and inscription grid space

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
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 memory honor of _____

Please Notify _____

Address _____

City _____ State _____ Zip _____

All honorarium/memorial gifts are acknowledged, but the amount of your gift remains confidential.

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

My company will match my gift. *Completed form enclosed.*

Inscription space for 4" x 8" brick



Inscription space for 1/2 capstone



Inscription space for full capstone



Aurora Health Care®
Foundation

We are AdvocateAuroraHealth™