## Aurora St. Luke's Medical Center

VINCE LOMBARDI CANCER FOUNDATION

## Healing Garden



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

Capstone sizes and inscription grid spa	Capstone	sizes	and	inscriptio	n grid	space
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1/3 Capstone - \$250

(2 lines, 15 characters per line)

1/2 Capstone - \$500

(4 lines, 15 characters per line)

Full Capstone - \$1,000

(8 lines, 15 characters per line)

Capstones 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 3075 Highland Parkway | Downers Grove, IL 60515

For questions, please call 877-460-8730.

Donor's Name _		
Address		
City	State	Zip
Phone		
Email		
	ny check payable to: n Care Foundation	
To pay with a cr give.aurora.org/	edit card, please visit <b>'healinggarden</b>	
This gift is in $\Box$	memory $\square$ honor of $\_$	
Please Notify		
Address		
City	State	Zip
	memorial gifts are ackno gift remains confidentia	

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

_ Mv	company	will	match	mv	aift.	Comp	leted	form	enclosed.
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Inscription space for 1/2 capstone
Inscription space for full capstone



We are -AdvocateAuroraHealth