Aurora Sinai Medical Center

THE ROBYN TEMKIN

Memorial 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
---	----------	-------	-----	------------	--------	-------

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:

2 lines, 15 characters per line

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 pa	
To pay with a credit card, p give.aurora.org/healinggar	
This gift is in \square memory \square	honor of
Please Notify	
Address	
City	State Zip
All honorarium/memorial g amount of your gift remain	ifts are acknowledged, but the s confidential.

1/2 Capstone - \$500 4 lines, 15 characters per line									
Full Capstone - \$1,000 8 lines, 15 characters per line									
☐ I would like to learn more about additional naming opportunities									

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 1/2 capstone
Inscription space for full capstone

Inscription space for 1/3 capstone



We are -AdvocateAuroraHealth