

Aurora West Allis  
Medical Center

# Healing Garden



Permanently honor a loved one with an **outdoor brick purchase.**

## Gift and Recognition Form

### Brick size and inscription grid space

**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  
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](http://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.*

**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.*