

Aurora Medical Center -  
Kenosha

# Healing Garden



Permanently honor a loved one in the **Healing Garden.**

## Gift and Recognition Form

### Brick size and inscription grid space

4"x 8" Paver - \$200 (3 lines, 12 characters per line)

*Item 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 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](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.*