Aurora Medical Center - Oshkosh

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.

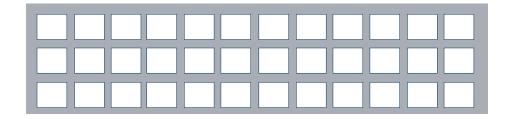
Please return form and payment to:

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 par Aurora Health Care Four | | |
| To pay with a credit card, p give.aurora.org/healinggard | | |
| This gift is in \square memory \square | honor of | |
| Please Notify | | |
| Address | | |
| City | State | Zip |
| All honorarium/memorial gi amount of your gift remains | | |

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



- \square I would like to learn more about additional naming opportunities in the garden.
- My company will match my gift. Completed form enclosed.



We are AdvocateAuroraHealth