Aurora Medical Center - Summit

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.

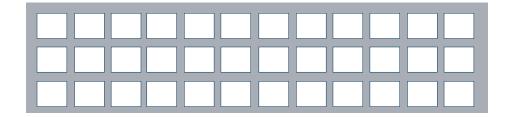
Please return form and payment to:

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 pa	-	
To pay with a credit card, pgive.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		•

☐ 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