

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
2025 Windsor Drive
Oak Brook, IL 60523

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
<http://aah.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.*