**Aurora Cancer Care - Racine** 

## Healing Garden



Permanently honor a loved one in the Healing Garden.

## **Gift and Recognition Form**

Brick size and inscription grid space	Donor's Name
<b>4"x 8" Paver - \$200</b> (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 2025 Windsor Drive Oak Brook, IL 60523

3 lines, 12 characters per line

☐ 4"x 8" Paver - \$200

■ Bench - \$5,000 ☐ Arbor - \$10.000

For questions, please call 877-460-8730.

City	State	Zip
Phone		
Email		
Enclosed is my Aurora Health (	check payable to: Care Foundation	
To pay with a cred http://aah.org/He	it card, please visit alingGarden	
This gift is in $\square$ m	emory $\square$ honor of $\_$	
Please Notify		
Address		
City	State	Zip
	emorial gifts are ackno ft remains confidentia	_



My company will match my gift. Completed form enclosed.

 $\square$  I would like to learn more about additional naming opportunities in the garden.