Aurora Medical Center - Manitowoc County

Healing Garden



Permanently honor a loved one with an outdoor brick purchase.

Gift and Recognition Form

Donor's Name _

Brick size and	inscription	grid	space
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4"x 8" Paver – \$200 (3 lines, 14 characters per line) 8"x 8" Paver – \$500 (4 lines, 14 characters per line) 8"x 16" Paver – \$1,000 (8 lines, 14 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.

Address									
City	State Zip								
Phone									
Email									
☐ Enclosed is my check payab Aurora Health Care Founda	le to:								
To pay with a credit card, pleas http://aah.org/HealingGarden	e visit								
This gift is in \square memory \square ho	nor of								
Please Notify									
Address									
	State Zip								
All honorarium/memorial gifts of amount of your gift remains co	are acknowledged, but the								
	Inscription space for 4" x 8" paver								

4" x 8" Paver – \$200 3 lines, 14 characters per line													Inscription space for 4" x 8" paver
8" x 8" Paver – \$500 4 lines, 14 characters per line													Inscription space for 8" x 8" paver
8" x 16" Paver – \$1,000 8 lines, 14 characters per line													Inscription space for 8" x 16" paver
☐ I would like to learn more abou	t addi	tiona	l nam	ning o	ppoi	rtunit	ies ir	the	gard	en.			

My company will match my gift. Completed form enclosed.

