Aurora St. Luke's Medical Center

VINCE LOMBARDI CANCER FOUNDATION

# Healing Garden

## Permanently honor a loved one with an **outdoor brick purchase.**

## Gift and Recognition Form

### Capstone sizes and inscription grid space

**1/3 Capstone – $250**
(2 lines, 15 characters per line)

**1/2 Capstone – $500**
(4 lines, 15 characters per line)

**Full Capstone – $1,000**
(8 lines, 15 characters per line)

*Capstones 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 _____

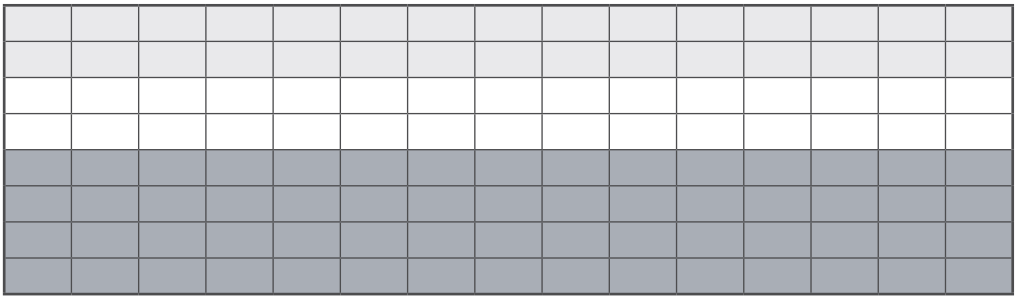
City _____ State _____ Zip _____

*All honorarium/memorial gifts are acknowledged, but the amount of your gift remains confidential.*

☐ **1/3 Capstone – $250**
2 lines, 15 characters per line

☐ **1/2 Capstone – $500**
4 lines, 15 characters per line

☐ **Full Capstone – $1,000**
8 lines, 15 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.*

Inscription space for 1/3 capstone

Inscription space for 1/2 capstone

Inscription space for full capstone

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