

HEAL Memory Garden — Memorial Order Form

\$50 4"x8" Paver

\$1,500 Tree with Plaque

\$2,000 Bench with Plaque

\$1,000 - \$5,000 Garden Vignette – a featured grouping of plants or garden element (ie. statue)

\$10,000-15,000 Paved Bench Area with Landscaping

\$20,000-30,000 Create New Garden or Trail Area

* Gifts of more than \$500 can be paid over a two-year period.

Please inscribe these words on my 4x8 engraved paver:

1. _____ (14)
2. _____ (14)
3. _____ (14) 4"x8" paver (3 lines/14 characters per line – spaces count as characters)

Pavers are engraved two times a year with deadlines on May 7 and September 1. Processing takes 4-6 weeks weather permitting. A Foundation staff person will reach out to confirm details and engraving for all other opportunities.

I wish to make this gift anonymously.

Please charge my credit card (choose one):

Visa
 MasterCard
 Discover
 American Express

Annually
 Semi-annually
 Other (Specify) _____
 Account # _____ Expiration Date _____ CVV # _____
 Name on credit card _____
 Signature _____

Name _____ Phone _____
 Address _____ Email _____
 City _____ State _____ Zip _____

Please make your check payable to Atrium Medical Center Foundation. Your gift is tax-deductible as allowed by law.

Honor and Memorial Gifts

Please make my donation in (circle one) honor/memory of: _____

Please notify _____

Address _____

City _____ State _____ Zip _____

Atrium Medical Center Foundation will acknowledge your gift by sending an appropriate note to those you designate.

The amount of your gift will not be mentioned.

Email completed form to Jessica Woodard at JAWoodard@PremierHealth.com or mail to Atrium Medical Center Foundation, One Medical Center Drive, Middletown, OH 45005

Date received by Foundation _____
Installation Date & Comments _____

Questions?

Please don't hesitate to reach out to the Atrium Medical Center Foundation at (513) 974-5290 or Foundation@AtriumMedCenter.org