

# Tribute Garden Donation Form

## Tribute Garden

Please print  
Donor's  
Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

I WOULD LIKE TO SPONSOR THE FOLLOWING:

(circle one)    \$150 Shrub    \$100 Personally Engraved Brick    \$50 Flowers

Please charge to: (circle one) Visa or Mastercard

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

### INFORMATION TO BE ENGRAVED ON BRICK:

Maximum of 3 lines with up to 20 characters per line. Spaces and punctuation are considered characters. Please print clearly.

IN MEMORY OF  
MR. & MRS. JOHN  
DOE

<=====EXAMPLES=====>

IN HONOR OF  
MR. & MRS.  
JOHN A. SMITH


### FOR RECOGNITION PURPOSES FOR SHRUBS AND FLOWERS:

In Honor \_\_\_\_\_

In Memory \_\_\_\_\_

Please send acknowledgement of my gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please make checks payable to SRHC Foundation. Please send this form and donation to Development Dept., St. Rita's Medical Center, 730 W. Market St., Lima, Ohio 45801-9989. Gifts are tax-deductible. If you have additional questions, please call (419) 226-9044 between 8:00 a.m. and 5:00 p.m., M-F. Thank You.