



MORRIS HOSPITAL
FOUNDATION



Tribute Gifts

are a wonderful way to honor the special people in your life.



Tribute Gifts

By making a tribute gift, the Morris Hospital Foundation can help you create expressions of celebration, offer remembrance, say thank you, and bestow honor.



*All tribute gifts will support
Morris Hospital's mission
to improve the health of area residents*



Celebrate

Mark special occasions like the birth of a new baby, anniversaries, Mother's Day, or Father's Day with a gift that will always be remembered

Remember

Create a lasting testimonial to commemorate the life of your loved one

Give Thanks

Say "thank you" to the extraordinary people in your life

Honor

Recognize a doctor, nurse, or other caregivers for exceptional & compassionate care

*I would like to celebrate someone special with a
Tribute Gift...*

1. ___ An Outright Donation of Any Size

The Morris Hospital Frederick E. Butts Serenity Garden is a place of tranquility for all.

If you would like to honor or memorialize a special person in your life by having their name engraved on one of the bricks or benches in the garden, please indicate below.

2. ___ A Commemorative Serenity Garden Brick

Bricks are available in two sizes (please check all that apply)

_____ I would like a 13½ x 8 brick for \$500

_____ I would like a 7 x 8½ brick for \$250

3. ___ A Tribute Bench \$5,000 per bench

(Two remaining benches available on a first come, first serve basis)

The Foundation will contact you to discuss engraving your new bench.

Notification will be sent to the donor when the brick(s) or bench have been installed.

Please fill in the lettering you would like in the chart below. Each letter, number, space, and punctuation counts as one character. Do not put more than one character in each box. Please print carefully. Centering of lines and characters will be done by the engraver.

Examples: WILLIAM P. SMITH = 16 characters OSCAR "BUD" SMITH = 17 Characters

13 ½ x 8 - \$500 – 5 Lines with 18 Characters MAX Per Line

7 x 8½ - \$250 – 4 Lines with 17 Characters MAX Per Line

See reverse side for additional information.

Donor Information: My gift is anonymous

Donor Name _____

Donor Company _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email _____



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For more questions, additional information, or to opt out of our mailing list
please contact The Morris Hospital Foundation at (815)705.7021 or
hwehrle@morrishospital.org

Your contribution is tax-deductible to the extent allowed by law.

This gift is (check one): In Honor OR In Memory

Name _____

Would you like Morris Hospital to notify your friend or family member of this gift?

YES NO *If yes, please send acknowledgment of this tribute gift to:*

Recipient Name _____

Address _____

City _____ State _____ Zip Code _____

The amount of the gift will not be specified on the acknowledgment.

Payment Information: Total Enclosed \$ _____

Cash Check VISA Mastercard Discover

(Please make check payable to the Morris Hospital Foundation)

Card # _____ Exp. Date _____ V Code _____

Name on Credit Card _____

Signature _____