

Your Inscription

Each small brick can display up to 3 lines of text with 11 characters on each line and each large brick can display up to 5 lines of text with 16 characters on each line.

Please fill out the grid below with exactly the words you wish inscribed on your brick. Please remember, spaces and punctuation count as characters.

Small brick - 7" x 4³/₄"

3 lines, 11 characters each

My inscription should read:

Large brick - 9¹/₂" x 7"

5 lines, 16 characters each

My inscription should read:

Cut along dotted line.

Please use this brochure as your order form. Once you have filled it out, please mail to:
FHN Foundation
1045 West Stephenson Street,
Freeport, IL 61032.



For more information about FHN Foundation, please call 815-599-6900 or visit www.fhn.org/foundation.



*Paving
the way
to a cure.*

 **FHN**
Leonard C. Ferguson
Cancer Center

You can send a lasting message

of strength, love, and encouragement to people who are fighting cancer. Purchase and dedicate a brick paver for the Healing Garden Walkway outside the doors of The Leonard C. Ferguson Cancer Center at FHN Memorial Hospital in Freeport.

Your gift will literally pave the way to a place of peacefulness where those fighting cancer, along with the people who love them, can find encouragement and strength.

Dedicate a paver...

In memory of a loved one...

In honor of a survivor...

To show your support...

To show your company's support...

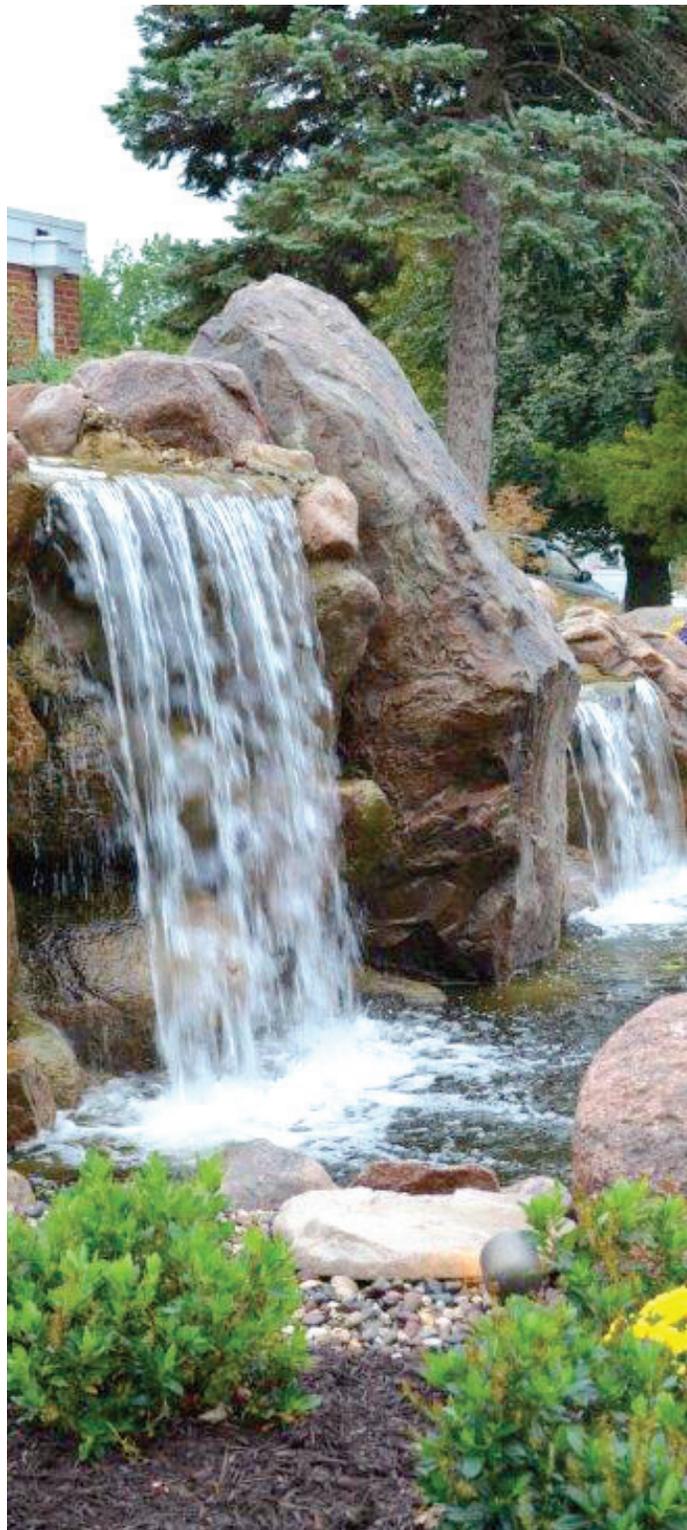
Pavers are available in two sizes:

Small
7" x 4³/₄"

Engraved with
3 lines of up to
11 characters
\$100

Large
9¹/₂" x 7"

Engraved with
5 lines of up to
16 characters
\$200



How to give

- I wish to donate \$100 and engrave a small brick
 I wish to donate \$200 and engrave a large brick

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email: _____

My method of payment

Total amount: \$ _____

Check payable to the FHN Foundation

Visa MasterCard AmEx Discover

Card Number: _____

Security code: _____ Expiration date: ____/____/____

Name on card: _____

Signature: _____

I wish my gift to be in memory/honor of (optional):

Please send notice of my gift to (optional):

Name: _____

Address: _____

City, State, Zip: _____

Please list my name as:

Please fill out inscription information on the back.

Please mail this form and your payment to:

FHN Foundation
1045 W. Stephenson Street
Freeport, IL 61032