

# COMMEMORATIVE BRICK PROGRAM

Make a gift and dedicate an etched paving brick in honor or in memory of someone you love.

Your commemorative brick will be placed in the paved walkway around one of the garden gazebos within the Detroit Medical Center's Brush Mall—the Children's Hospital of Michigan's "backyard."

In addition, your gift through this program will help to maintain the Children's Healing Garden also located within the Brush Mall, which was made possible by Garden Fresh Gourmet. The Children's Healing Garden provides much needed respite for our patients and their families while they are in our care.

**There are a limited number of bricks available.**

Orders will be taken on a first-received, first-served basis.

Deadline for orders is

**February 28, 2010.**

If you have questions, or prefer to buy a brick by phone, please call  
**(313) 745-9160**

Make checks payable to:  
**Children's Hospital of Michigan**

Return order form by mail  
along with gift to:

**Children's Hospital of Michigan  
Development Office  
3901 Beaubien  
Detroit, MI 48201**

or by fax to:  
**(313) 993-0119**

**Children's Hospital  
of Michigan**

**DMC DETROIT MEDICAL CENTER**

## Gift Options

### **Platinum—\$1,000 Gift**

12" x 12" block with up to six etched lines. Etching includes:

- 12 character maximum per line (spaces, periods, commas, etc. are not part of the total characters per brick\*)
- Maximum 60 characters per brick

### **Gold—\$500 Gift**

8" x 8" paver with up to six etched lines. Etching includes:

- 12 character maximum per line (spaces, periods, commas, etc. are not part of the total characters per brick\*)
- Maximum 52 characters per brick

### **Silver—\$100 Gift**

4" x 8" brick with **up to three** etched lines. Etching includes:

- 12 character maximum per line (spaces, periods, commas, etc. are not part of the total characters per brick\*)
- Maximum 26 characters per brick

\* non-letter/date symbols (such as logos, hearts, etc.) are not permitted

order form

**Yes, I'd like to support the Children's Hospital of Michigan at the following level:**

Platinum (\$1,000)     Gold (\$500)     Silver (\$100)

Enclosed is my gift of \$ \_\_\_\_\_ to support the garden (no brick)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Check     Visa     MasterCard # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please etch my brick with this message (PLEASE PRINT):**

*(12 characters max per line, lines 4-6 available at \$500 and \$1,000 level)*

Line One \_\_\_\_\_

Line Two \_\_\_\_\_

Line Three \_\_\_\_\_

Line Four \_\_\_\_\_

Line Five \_\_\_\_\_

Line Six \_\_\_\_\_

**If this gift is in honor or in memory of someone, please tell us who to notify (optional):**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**My relationship to the Children's Hospital of Michigan:**

- Employee     Friend     Patient  
 Patient Family     Physician  
 Trustee/Board Member  
 Volunteer