Lewis & Floetta Ide
Healing Garden

Buy a brick and help us grow!

The Lewis & Floetta Ide Healing Garden at Legacy Meridian Park Medical Center provides a therapeutic oasis for healing the body and spirit of all who visit.

The healing garden is a centerpiece of Legacy's award-winning Horticultural Therapy program. Your gift will help patients use plants and gardening as part of their physical, speech and recreational therapy.

Naming a brick or tile in the garden is a wonderful way to honor or memorialize a loved one or to have your name or special memory associated with this beautiful, peaceful place.

We also accept gifts in support of ongoing maintenance of the garden.

To make a gift in support of our healing garden, please provide the following information:

Name: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

❑ I would like to make a gift of $_____ in support of general maintenance of the garden.

See reverse for information on how to purchase a brick or tile.

Brick or Tile Inscription

❑ 4 x 8 brick • $250 ❑ 4 x 8 tile • $350
❑ 8 x 8 brick • $500 ❑ 8 x 8 tile • $600

Maximum of two lines, 18 characters per line (including spaces and punctuation such as periods). Please note: for 4 x 8 bricks, 4 x 8 tiles, 8 x 8 bricks and 8 x 8 tiles, inscriptions are limited to individual, family or company names *only*. Inscription will automatically be centered on brick or tile.

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❑ **Lengthwise Tile Inscription** (8 x 16) • $1,000
❑ **Square Tile Inscription** (12 x 12) • $1,500

Maximum of three lines, 18 characters per line (including spaces and punctuation such as periods). To ensure the garden is a place of hope and comfort for patients and families, we encourage wording such as *Celebrating* and *In Honor of*, rather than inscriptions that include *In Memory of* or date of death. Inscription will automatically be centered on brick or tile.

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❑ I have enclosed a check for $_____. Please make checks payable to *Meridian Park Medical Foundation*.

Please charge $_____ to my: ❑ VISA
❑ MasterCard ❑ American Express ❑ Discover

Credit card #: _____

Exp. date: _____

Name on card: _____

Signature: _____

Your gift is tax deductible as provided by law.

Questions? Call Meridian Park Medical Foundation at 503-692-7624

Or make your gift online at www.legacyhealth.org/giving

Please mail this form with your tax-deductible gift to:

Meridian Park Medical Foundation
P.O. Box 4484
Portland, OR 97208-9637

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