# The Healing Garden at Legacy Mount Hood Medical Center

To make a gift and order your commemorative brick or tile, please provide the following information:

Name: _____

Organization: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Email: _____

_____ 8" x 16" tile(s) @ $500 each = $ _____

_____ 8" x 8" brick(s) @ $250 each = $ _____

_____ 4" x 8" brick(s) @ $150 each = $ _____

Total amount of my gift is: $ _____

❍ My check is enclosed, payable to *Mount Hood Medical Center Foundation*.

Please charge my:

❍ Visa ❍ MasterCard

❍ American Express ❍ Discover

Credit card #: _____ Exp date: _____

Name on card: _____

Signature: _____

**Brick Inscription** (first and last name or business name)

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***Maximum of 18 characters per line. No more than 2 lines.***
***Characters include spaces and punctuation (including periods).***
***Name will automatically be centered.***

**Tile Inscription** (first and last name or business name)

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***Maximum of 22 characters per line. No more than 3 lines.***
***Characters include spaces and punctuation (including periods).***
***Name will automatically be centered.***

To order more than one brick or tile, please photocopy form and attach to original. Thank you.

Please mail your form and payment to: Mount Hood Medical Center Foundation
P.O. Box 4484
Portland, OR 97208

Questions? Please call the Foundation office at 503-674-1634. Your gift is tax deductible as provided by law.