



WALKWAY *of Honor*

Yes, I would like to purchase a brick on the Walkway of Honor. (Please check one below.)

- 6 x 9 (2 lines) – \$150
 12 x 12 (4 lines) – \$500 (*Both payable by check only.*)

Inscription:

Please enter your inscription in the boxes below, 15 characters maximum per line on the 6 x 9, 20 characters maximum per line on the 12 x 12 (including spaces), one character per box – leave an empty box between words, as in the sample below.

Content subject to final approval by the Auxiliary.

SAMPLE

M	A	R	I	A		D	I	A	Z					
I	N		O	U	R		H	E	A	R	T	S		

6 x 9

12 x 12

Your name: _____
 Phone: _____
 Address: _____
 Email Address: _____

(needed to receive your brick certificate)

- Check here if you would like to receive an electronic version of our free community magazine, *Your Health, Your Hospital.*

I cannot purchase a brick at this time, but I would like to make a donation to the Elmhurst Hospitality Auxiliary:

- \$50 \$25 \$10 Other \$ _____

Please make all checks payable to:

Elmhurst Hospital Center Auxiliary

c/o

Elmhurst Hospital Center Social Work Department

79-01 Broadway, Rm. A1-25

Elmhurst, NY 11373

Questions regarding your contribution may be sent to: robertir@nychhc.org. EHC thanks you for your kind support.