



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

PHONE & EMAIL \_\_\_\_\_

**INFORMATION TO BE ENGRAVED ON GARDEN BENCH PLAQUE**

4 LINES – 20 CHARACTERS PER LINE\* PLEASE DO NOT ADD BOXES


\*UP TO 20 CHARACTERS PER LINE, PER PAVER, SPACES AND PUNCTUATION ARE CONSIDERED CHARACTERS. PLEASE PRINT CLEARLY

**\$2,500 for a bench with an engraved plaque (make checks payable to Regina Health Center)**

*Contact Colleen Day at [cday@reginahealthcenter.org](mailto:cday@reginahealthcenter.org) or call 330-659-5132*

NOTES \_\_\_\_\_

THIS GIFT IS IN HONOR OF SOMEONE. PLEASE NOTIFY THEM AT THE ADDRESS BELOW:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

For Office use only: DR: _____ DO: _____
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**REGINA HEALTH CENTER**

*A Ministry of the Sisters of Charity Health System*

[www.reginahealthcenter.org](http://www.reginahealthcenter.org)