



**MMCF**  
Mercy Medical Center Foundation

**HALL-PERRINE  
CANCER CENTER**



## Paving Stone Recognition Form

Thank you for your gift to the Hall-Perrine Cancer Center which qualifies you for an engraved paving stone in the Schimberg Healing Garden at the Center.

- Each paving stone may be inscribed with your name or the name(s) of the person(s) or organization you wish to recognize.
- The diagram below provides the maximum number of lines and spaces available. 4 lines – 21 characters per lines.
- Font will be all upper case.
- Your inscription will be centered.
- Call the Foundation office at 398-6206 with any questions.
- Please return this sheet in the enclosed envelope.

Examples:

	J	o	h	n		M		S	m	i	t	h		
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J	o	h	n		&		K	a	t	h	l	e	e	n
				S	m	i	t	h						

M	a	r	g	a	r	e	t		J					
B	o	c	k	e	n	s	t	e	d	t				


Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_