



Naming opportunities

The Celebration Garden at Geisinger Bloomsburg Hospital

Recognize and celebrate a special person, patient, loved one or colleague. Purchase a customized garden brick in their honor or memory.

Donated funds will be used to maintain and update the garden annually.

Brick sizes and details:

- \$150 – 4" x 8" with three lines of engraving (14 characters per line, including spaces)
- \$300 – 8" x 8" with five lines of engraving (14 characters per line, including spaces)

Additional naming opportunities may be available.

For more information, please contact:

Michael Bernhardt
Director, Donor Relations
& Special Giving

570-703-8905
philanthropy@geisinger.edu



Sponsorship form

The Celebration Garden

Please send completed forms to: **Geisinger Health Foundation at 100 N. Academy Ave., MC 25-76, Danville, PA 17822-2576** or email to: philanthropy@geisinger.edu

Bricks may be inscribed with up to 14 characters per line. Numbers, spaces, dashes, and punctuation marks each count as one character. All text will be capitalized and centered. Bricks are typically installed three times each year. You will be notified when your brick is placed along the walkway.

SAMPLE

Line 1		I	N		M	E	M	O	R	Y		O	F	
Line 2	S	T	E	P	H	E	N		S	A	M	P	L	E
Line 3			M	A	Y		5	,		2	0	0	9	

PLEASE PRINT IN ALL CAPITAL LETTERS (maximum of 14 characters per line)

Line 1														
Line 2														
Line 3														

Donor name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

- Geisinger is included in my estate plans
- Please contact me about including Geisinger in my estate plans
- Please contact me for more information about larger or additional naming opportunities

The official registration and financial information of Geisinger Health System, 100 North Academy Avenue, Danville, PA 17822, may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 800-732-0999. Registration does not imply endorsement. Your gift is tax deductible to the extent allowed by law, and you will receive a receipt for your gift. Thank you for your generous support.

Payment method

Check enclosed (made payable to Geisinger Health Foundation)

Please charge my gift of \$ _____ to: AMEX Discover Mastercard Visa

Card # _____ Expiration date _____

Signature (as it appears on your card) _____

Credit card information should never be sent via email. If using a credit card, we encourage you to mail the hard copy of this form to the address at the top of this form, call 800-739-6882 to provide your credit card information over the phone, or give via our secure online giving page at donate.geisinger.org. Your credit card information will be removed from this form and destroyed once your gift or pledge is processed.