



Naming opportunities

Remembrance Alcove — Alec Ewing Healing Garden at Geisinger Medical Center

Located in the Alec Ewing Healing Garden at Geisinger Medical Center, the Remembrance Alcove provides a way to recognize and remember loved ones in a special way. The Alcove also provides a place for visitors to relax, reflect and connect in solitude on their journey to emotional healing.

Etched Corian nameplates are available for the following amounts:

- \$2,000 (12" x 6")
- \$1,000 (8" x 4")
- \$300 (4" x 2")

Each nameplate can have up to 20 characters per line with up to three lines.

Additional naming opportunities may be available.

For more information, please contact:

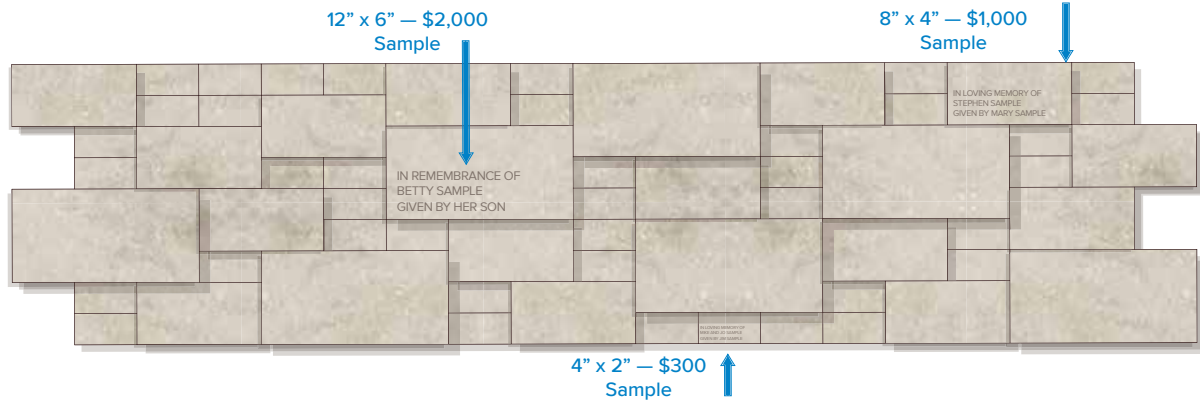
Michael Bernhardt
Director, Donor Relations
& Special Giving

570-703-8905
philanthropy@geisinger.edu



Sponsorship form

Remembrance Alcove



- The 12" x 6" nameplate can hold up to 20 characters per line at 60 point.
- The 8" x 4" nameplate can hold up to 20 characters per line at 40 point.
- The 4" x 2" nameplate can hold up to 20 characters per line at 20 point.

Sample

Line 1	I	N		L	O	V	I	N	G		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	G	I	V	E	N		B	Y		M	A	R	Y		S	A	M	P	L	E

Please print in all CAPITAL LETTERS

Line 1																				
Line 2																				
Line 3																				

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Remembrance Alcove

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

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.