

Healing Garden Donation Form

Leave a legacy with your gift to the Cancer Center Healing Garden for generations to come with your generous donation.

BRICK PAVER:

7.5" x 3.5" | Paver includes up to 3 lines of text.....\$150.00
All lines are 15 characters, including punctuation and spaces.

Line #1

Line #2

Line #3

BENCH SEATING:

I would like to make a donation toward Healing Garden seating. \$ _____ .00
I would like to purchase a bench and be honored with a plaque. \$2,000.00
All lines are 12 characters, including punctuation and spaces.

Line #1

Line #2

Line #3

DONOR INFORMATION:

My gift is in honor/memory of: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone

Total gift amount: \$ _____ Check Cash Credit Card

CONTACT US:



For more information about the Astria Sunnyside Hospital Cancer Center Healing Garden, please contact Elizabeth Martinez, RN, Director, Cancer Center, at 509.837.1587 or elizabeth.martinez2@astria.health.

Astria Sunnyside Hospital Foundation is a 503 (c) nonprofit organization, so your donations are tax-deductible. Our Tax ID number is 81-3973675 for your records.