

First Name:



You've Been a Part of our County History, Here's your Chance to Be a Part of our Future!

Engraved Brick Opportunity in the

New Healing Garden

Last Name:

Phase 2!

Health Care Foundation for Ventura County, Inc. announces the Engraved Brick Project for your \$500 donation. Seize the opportunity to be a part of our history and obtain a personalized brick to be placed in the Healing Garden path located at Ventura County Medical Center. All proceeds are dedicated to strengthening healthcare locally for all.

| \ddress:_ | | | | | | | | | | | |
|---|--------------|------------|----------|-----------------|----------|----------|--------|--------|---------|-------------|----------|
| Email: Phone #: | | | | | | | | | | | |
| 1"x 8" Brick paces and p | | | | | ved up 1 | :o 3 lin | es and | 20 ch | aracter | rs/line, ir | ncluding |
| Line 1: | | | | | | | | | | | |
| Line 2: | | | | | | | | | | | |
| Line 3: | | | | | | | | | | | |
| Donation M Check #_ | | mac | le payal | ole to | Health | Care | Found | datior | n for V | entura (| County |
| Mail to: 32 | 291 Lom | a Vista F | d., Vent | ura, C <i>A</i> | 93003 | 1 | | | | | |
| • Credit Car | d (MC, V | 'isa, Disc | c, AmEx) | at hcf | vc.org | or scar | the Q | R code | e belov | V | |
| First Name:Last Name: | | | | | | | | | | | |
| Credit Card Exp. Date: I Billing Addr | MM/ ress: | YY | CSC: | | | | | | | | |
| | | | T D # 1 | | | | | | | | |

Up to three people may participate on one brick. All submissions are subject to County of Ventura approval.