

The Healing Garden at
Columbus Regional
HEALTHCARE SYSTEM

YES! I want to help plant the seeds of healing.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Enclosed is my tax deductible donation for:

LEVELS OF GIVING

- ORCHID _____ \$1,000 and up
- ROSE _____ \$500 - \$999
- CAMELLIA _____ \$100 - \$499
- AZALEA _____ \$50 - \$99
- FRIEND OF THE GARDEN _____ \$1 - \$49

PURCHASE AN ENGRAVED BRICK PAVER

I would like to purchase # _____ engraved brick pavers (\$100 each)

Engraving is limited to 3 lines, 18 characters per line

Enclosed is my check for: \$ _____
(Make checks payable to CRHS Foundation)

Please return the completed form to:



500 Jefferson Street • Whiteville, NC 28472
T: (910) 642-9303 or (910) 641-8234 • F: (910) 641-8317

THANK YOU FOR YOUR SUPPORT