Our Inpatient Center is a refuge for some of the most critical patients served by Seasons Hospice & Palliative Care. Its beautiful design brings an atmosphere of home to an amazing 24-hour level of inpatient care.

Our gardens and patios provide a calm environment. The gardens also feature a lovely pathway of custom engraved bricks. We invite you to pay tribute to your loved one with an engraved brick in their honor. Different sized engraved bricks are available.

<table>
<thead>
<tr>
<th>BRICK</th>
<th>SIZE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGULAR</td>
<td>4” X 4”</td>
<td>$250</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>8” X 8”</td>
<td>$500</td>
</tr>
<tr>
<td>LARGE</td>
<td>12” X 12”</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

Your gift will help us continue to enrich lives – treating the whole person and their loved ones in ways that touch the human spirit – adding days to life and life to days.

Please consider a gift to honor your loved one and support the Seasons Hospice Foundation. Simply fill out the form on the back and send a check or credit card information to the address below.
MEMORIAL BRICK ORDER FORM

Please complete the lines on the form with letter case, punctuation and spacing, exactly as it should appear on the actual brick. Please print clearly.

REGULAR BRICK 4” X 4” – $250 per brick (maximum of 21 characters or spaces per line)

Line 1 ____________________________
Line 2 ____________________________
Line 3 ____________________________

MEDIUM BRICK 8” X 8” – $500 per brick (maximum of 21 characters or spaces per line)

Line 1 ____________________________
Line 2 ____________________________
Line 3 ____________________________
Line 4 ____________________________
Line 5 ____________________________
Line 6 ____________________________

LARGE BRICK 12” X 12” – $1,000 per brick (maximum of 25 characters or spaces per line)

Line 1 ____________________________
Line 2 ____________________________
Line 3 ____________________________
Line 4 ____________________________
Line 5 ____________________________
Line 6 ____________________________
Line 7 ____________________________
Line 8 ____________________________
Line 9 ____________________________
Line 10 ____________________________

DONOR INFORMATION

Name ________________________________________________________________
Address ______________________________________________________________
City ____________________________ State ____________________________ Zip ____________
Phone ____________________________ Email ____________________________

SEASONS HOSPICE FOUNDATION 6400 Shafer Court, Suite 700 Rosemont, Illinois 60018 847-692-1000, Foundation@Seasons.org www.SeasonsFoundation.org