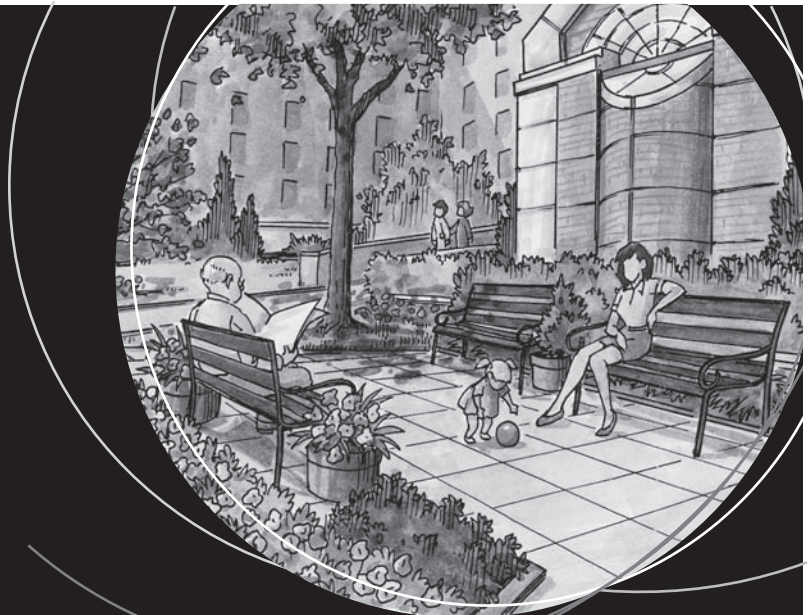


St. Luke's Plaza

Building a Legacy
BRICK *by* **BRICK**



Over the years, millions of footsteps
will cross the bricks *of St. Luke's Plaza.*

St. Luke's Plaza, on our Boise campus, is a place of serenity and contemplation, where the bricks symbolize the people: the dedicated employees, the patients for whom we care, and the people we honor and love. Each of the named bricks permanently placed in the plaza reflects a sense of timelessness and a sense of St. Luke's community.

You can become a part of this legacy by having your name, or the name of a loved one, engraved on a commemorative brick in St. Luke's Plaza.

The brick may be engraved with a friend or family name, creating a lasting memorial. You may also choose to honor or memorialize someone who has made a difference in your life, such as a patient, a co-worker, a parent, a spouse, a child, or a friend. Or, you may want to honor a child

or grandchild who was born at St. Luke's. We invite you to participate in this ongoing historic opportunity by purchasing an individual brick, with proceeds benefiting St. Luke's. All bricks are laser-engraved for lasting clarity.

An exact replica of your brick is available for display in your home or office. Each replica brick has felt on the bottom for protection, and on top a brass plaque from St. Luke's. As an employee, you will receive a 50 percent reduction in the price of your replica brick.

To commemorate your purchase, we'll send you a Certificate of Brick Purchase and a map of the bricks in the Plaza so you can locate your new piece of St. Luke's history with ease.



Employee Charitable Donation ENGRAVED BRICK PURCHASE

Employee Name: _____ Employee #: _____

Department: _____ Ext. #: _____

Daytime Phone: _____ E-mail: _____

Inscription Guidelines:

- 16 characters per line, including spaces and punctuation marks. You may use any symbol on a standard computer keyboard.
- Inscriptions will communicate non-commercial messages only. Company names can be used. Phone numbers, e-mail and web addresses, slogans, sales pitches, and logos cannot be used. We cannot guarantee location of your brick.
- Please print using one letter, symbol, or space per box.
- St. Luke's reserves the right to approve all text prior to production. You will receive a confirmation letter in 2-3 weeks to review the imprint as it will appear on your brick.

Number of Bricks:

Engraved Brick(s) _____ X \$100 each = \$ _____

Replica Brick(s) _____ X \$25 each = \$ _____

(replica offered at reduced price for St. Luke's staff only)

Replica brick(s) ships in 6-8 weeks.

GRAND TOTAL \$ _____

My brick should be inscribed as follows:

Line 1:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Line 2:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Line 3:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Ship Replica To:

Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ E-mail: _____

I would like the funds from the purchase of my brick(s) to support:

- | | |
|--|--|
| <input type="checkbox"/> Charity Care | <input type="checkbox"/> Patient Assistance Fund |
| <input type="checkbox"/> Children's Hospital | <input type="checkbox"/> Sharon Lee Nursing |
| <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Excellence Fund |
| <input type="checkbox"/> Heart Institute | <input type="checkbox"/> Surgical Services |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Women's Services |
| <input type="checkbox"/> MSTI | <input type="checkbox"/> Other |

I Prefer to Pay:*

(Choose one: A. payroll deduction, B. credit card, or C. personal check)

A. Payroll Deduction

Amount per pay period (\$25 minimum): \$ _____ for a total of \$ _____ (amount of brick purchase).

Choose one: Regular Hours **or** PTO Hours

Signature: _____ Date: _____

B. Credit Card

Please bill my: Visa MasterCard American Express Discover

Account #: _____ Exp. Date: ____/____

Signature: _____ Date: _____

C. Personal Check

(Make check payable to St. Luke's Health Foundation, and attach to order form.)

**We are unable to accommodate requests for refunds; thank you for your understanding.*

Please send your order form to the Health Foundation office by interoffice mail or fax it to 381-4673.
If you have any questions, please call St. Luke's Health Foundation at x12123.

Thank you very much for your gift!