



Mississippi  
Nurses Foundation  
*Nurses Touch Lives*

## Mississippi Nurses Foundation "BRICK GARDEN"

*Have you ever wondered about the perfect way to show appreciation to someone who has had a significant influence in your personal or professional life?*



The Mississippi Nurses Foundation provides a great opportunity for you to pay tribute to someone or an organization through our **"IN HONOR" OR "IN MEMORY" BRICK GARDEN**. This opportunity allows you to purchase a brick "In Honor" or "In Memory" of someone who has significantly impacted your personal or professional life. Your brick will be engraved with your choice of text and placed in the **Mary E. Stainton Center for Nursing Garden**, located at the Mississippi Center for Nursing in Madison, MS.

When you purchase your brick, an acknowledgement will be sent to the person, family or organization designated. The amount will not be disclosed.

Every two years, during Nurses Week, the Mississippi Nurses Foundation host a **Brick Dedication Ceremony in the Mary E. Stainton Center for Nursing Garden** to recognize all those being honored. Everyone who purchases a brick and all the honorees (or their families) will receive an invitation to the dedication.

Every nurse and nursing organization in Mississippi deserves to be honored with an engraved brick that shows appreciation of their contribution to your life. . What an amazing way to say, **Thank You!** Please select your brick and fax this form to the Mississippi Nurses Foundation with your contact information on the lines provided below.

\_\_\_\_\_ \$ 500    8" x 8" engraved brick (7 lines of type) placed in the garden.

\_\_\_\_\_ \$ 250    8" x 8" engraved brick (4 lines of type) placed in the garden.

\_\_\_\_\_ \$ 100    4" x 8" engraved brick (3 lines of type) placed in the garden.

\_\_\_\_\_ my gift is unrestricted - use it where it is needed most.

\_\_\_\_\_ Check *Please make payable to the Mississippi Nurses Foundation (address below)*

\_\_\_\_\_ Visa    \_\_\_ MCard    \_\_\_\_\_ Amex # \_\_\_\_\_ Exp Date \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Signature \_\_\_\_\_

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