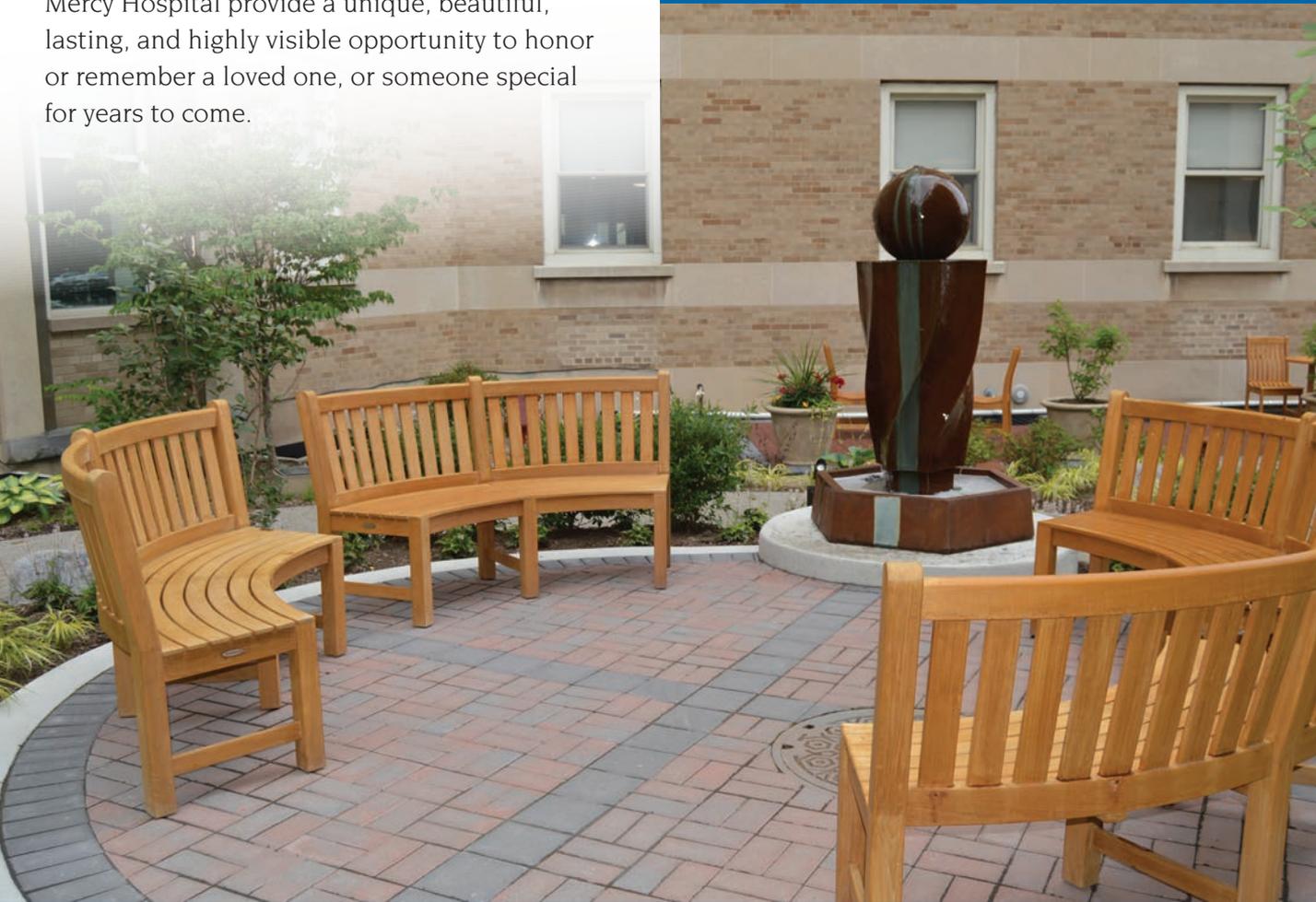


Make a Gift to Yourself and Others That Will Last Forever

The commemorative bricks and blocks in the John M. Repetski Healing Garden at Kenmore Mercy Hospital provide a unique, beautiful, lasting, and highly visible opportunity to honor or remember a loved one, or someone special for years to come.

John M. Repetski Healing Garden at Kenmore Mercy Hospital



For more information, please contact:

Kenmore Mercy Foundation
2950 Elmwood Avenue, Kenmore, NY 14217

Phone: (716) 447-6204
chsbuffalo.org/FCH/KenmoreMercy



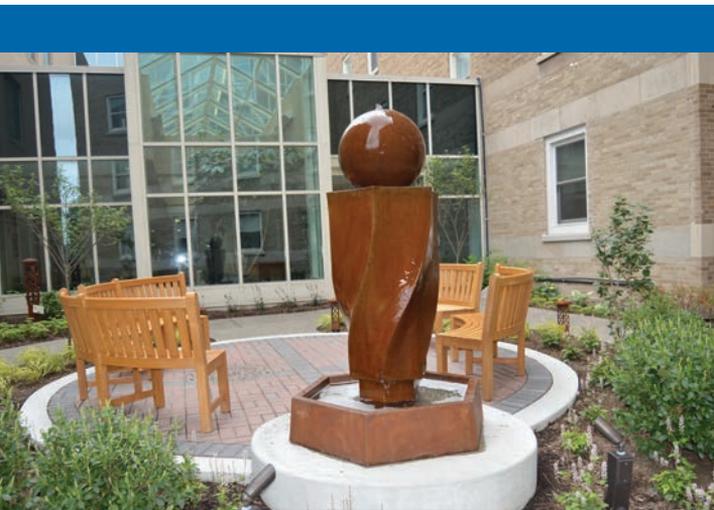
Honor your loved one in the John M. Repetski Healing Garden at Kenmore Mercy Hospital

The John M. Repetski Healing Garden is a sanctuary that features a variety of flowers, herbs, and trees, each chosen for their calming effects. Dedicated in May 2017, the healing garden benefits our patients, visitors, and associates and honors the late John M. Repetski whose generous bequest to Kenmore Mercy Hospital made the garden possible.

The tranquil path is constructed of 4" x 8" paving bricks and 8" x 8" stone blocks. You may wish to inscribe a block or a brick with your family name, the name of a loved one, or a cherished organization.

Simply fill out the form opposite this page and return it to the Kenmore Mercy Foundation. Proceeds support the patients, projects, and programs at Kenmore Mercy Hospital.

Please call us at (716) 447-6204 for details or to learn about other ways that you can memorialize a loved one.



Yes, I want to help Kenmore Mercy Hospital by contributing to the John M. Repetski Healing Garden. Please inscribe the name and message below. I understand that my donation is tax-deductible.

My Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

I would like to purchase:

4" x 8" paving brick (\$150)

2 lines, up to 15 characters per line

8" x 8" stone block (\$250)

3 lines, up to 15 characters per line

My check is enclosed made payable to:

Kenmore Mercy Foundation

I wish to use a credit card (*Please circle one.*)

MasterCard VISA Am. Express Discover

Credit Card # _____

Exp. Date _____

CSC# _____

Signature _____

Phone _____

Please clearly print your message exactly as you want it to appear. (Please note: Count spaces between words as characters.)

Mail your completed form to:

Kenmore Mercy Foundation
2950 Elmwood Avenue, Kenmore, NY 14217