

# Help pave the way for quality health care.



## Take part in the CHRISTUS Santa Rosa Hospital-Westover Hills Paver Program.

CHRISTUS Santa Rosa is the only not-for-profit, faith-based, Catholic health care provider in San Antonio. For nearly 140 years, CHRISTUS Santa Rosa has been able to proudly serve all San Antonians with superior quality health care through generous support from our community. By taking part in the CHRISTUS Santa Rosa Hospital – Westover Hills Paver program your generous gift represents an investment to strengthen our programs and services.



The vision of building a full-service, state-of-the-art hospital in Westover Hills is under way. And you can become part of it with the purchase of a paver or bench inscribed with your name or the name of a loved one. Each engraved paver or bench will be installed in our newly constructed Westover Hills fountain courtyard for all the world to see. Forever.

**Complete the order form below and mail with your method of payment to:**

Friends of CHRISTUS Santa Rosa Foundation  
 343 W. Houston, Suite 505  
 San Antonio, TX 78205  
 Phone: (210) 704-2541  
 www.santarosafoundation.org



**CHRISTUS Santa Rosa Hospital - Westover Hills Paver Program**

**Levels Of Support:**

When you participate in CHRISTUS Santa Rosa Hospital - Westover Hills', paver campaign, your gift is 100% tax deductible. Please select the size of the paver(s) and/or bench(es) you are ordering and complete the order form below.

- 8" x 4" \_\_\_\_\_ @ \$100 each = \$ \_\_\_\_\_
  - 12" x 12" \_\_\_\_\_ @ \$500 each = \$ \_\_\_\_\_
  - Bench \_\_\_\_\_ @ \$2,500 each = \$ \_\_\_\_\_  
(Limited number available)
- GRAND TOTAL** \$ \_\_\_\_\_

Payroll deduction is available only for CHRISTUS Santa Rosa Associates. Payroll will be divided over 10 pay periods. To authorize payroll deduction, please complete authorization below.

I hereby authorize CHRISTUS Santa Rosa to deduct the grand total order of \$ \_\_\_\_\_ over 10 pay periods.

**Paver Inscription:**

There is a maximum of 15 characters per line (including spaces and punctuation) with four lines to each paver. Your message must fit within the spaces provided and will appear exactly as shown below.

In Honor Of or In Memory Of (circle one, optional)

Line 1: \_\_\_\_\_  
 Line 2: \_\_\_\_\_  
 Line 3: \_\_\_\_\_  
 Line 4: \_\_\_\_\_

**Order Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Optional** - Please send acknowledgement of this gift to:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Method of Payment:  Check | Payable to Friends of CHRISTUS Santa Rosa Foundation

Visa  MasterCard  American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Signature: \_\_\_\_\_

In order to conform with Internal Revenue Code section 170 (f) (8), CHRISTUS Santa Rosa Health Care is providing goods and service in consideration for this gift.