



Garden of Remembrance

Complete this form to honor or memorialize someone special from the Carroll Hospital Center family. Their name will be etched on a brick and placed in the Hospital's beautiful Gazebo Garden.

This gift is (check one) _____ in honor of _____ in memory of

Name to be etched on brick _____

The person I am honoring/memorializing is/was:

Associate Medical Staff Auxiliary/Volunteer Board Member

Your Name _____

Your Address _____

City _____ State _____ Zip _____

Please notify the following person of my/our gift (the amount of your gift will not be disclosed.)

Brick donations are \$50 each
Please make your check payable to:
Carroll Hospital Center Foundation
200 Memorial Avenue
Westminster, MD 21157

Please call 410.871.6200 with any questions.