

The National AIDS Memorial Grove

A LIVING TRIBUTE TO ALL LIVES TOUCHED BY AIDS

HARDSCAPE MEMORIAL FEATURE

These unique inscription opportunities allow an individual or organization a way to leave a heartfelt message, which may or may not include one or more individual names. A member of the National AIDS Memorial Grove staff would welcome the opportunity to meet in the Grove to answer any questions, which allows an interested donor the opportunity to view the various hardscape features, and available locations for placement.

CRESCENTS

The Crescents, located at the south entryway to the Grove's Dogwood Crescent, adjacent to and on the outer rim of the Circle of Friends. The three Crescent opportunities, in addition to being engraved in larger letters than the Circle of Friends (which are 1-1/8" high), allow for personalized inscriptions of up to 50 characters in length:

- Crescent of Remembrance** — \$25,000 donation (Premiere placement – letters are 1-1/2" tall)
- Crescent of Hope** — \$10,000 donation (Major placement – letters are 1-3/8" tall)
- Crescent of Healing** — \$5,000 donation (Principle placement – letters are 1-1/4" tall)

MEMORIAL BENCH — \$15,000

These custom designed benches are situated throughout the memorial and present a unique opportunity to inscribe a personal message on either one or both of the end caps. Made of durable "Vetter" stone pedestals with an Alaskan Cedar wooden bench, this is a moving way to leave a permanent heartfelt impact within the Memorial. Inscriptions may be up to 60 characters (including spaces), not to exceed 3 engraved lines, per end cap.

MEMORIAL BOULDERS — \$10,000

Made of Sierra granite, boulders are situated throughout the Memorial. This is a beautiful way to place a message upon a large piece of the Memorial's natural landscape. Inscriptions may be up to 50 characters (including spaces), not to exceed 5 engraved lines.

DESIRED HARDSCAPE FEATURE & INSCRIPTION DETAIL

(please reference character and
line limitations above)

LINE I _____

LINE II _____

LINE III _____

LINE IV _____

LINE V _____

PAYMENT INFORMATION

My check for \$ _____ is enclosed. Bill my credit card in a single payment of \$ _____

Card Type: MasterCard Visa AmEx

NAME ON CARD _____

CARD NUMBER _____

EXPIRATION DATE _____

CVV: _____

SIGNATURE _____