



Wall of Courage Donation Form

With so many stigmas still preventing loved ones from acknowledging the loss of a family member or cherished friend from AIDS, our *Wall of Courage* offers a way to pay tribute to their life and struggle.

If you would like to purchase a tile for a loved one, fill out this *Wall of Courage: Donation Form*.

Your Name _____

Your Address _____

City, State, Zip _____

METHOD OF PAYMENT (*check one*)

Check enclosed, made payable to "Chase Brexton Health Care"

MasterCard Visa Discover American Express

Credit Card # _____ Exp. Date _____ CSV _____

Please bill the above credit card in _____ installments of \$_____ per installment.

This gift is in memory of (*name on tile*) _____

Along with your contribution of \$125 for each tile, you can include any color preference:

red, pink, yellow, bright green, teal, light blue, navy blue, purple

Please email or mail to:
Chase Brexton Health Care
c/o Development Department
1111 North Charles Street
Baltimore, MD 21201
amilanytch@chasebrexton.org

THANK YOU FOR YOUR SUPPORT!



For additional information, please contact Alexa Milanytch at the Development and Marketing Department at 410-837-2050 ext. 1144.