

“BUILDING A PATHWAY TO CARE”



Together, we can “build a pathway to care” at Santa Monica-UCLA Medical Center and Orthopaedic Hospital. For a limited time only, you can purchase a brick, bench, or garden pathway paver to pay tribute to or memorialize a person or occasion. In addition to creating a lasting tribute, your tax-deductible gift will support **Partnership for Care**, which provides valuable programs and compassionate services that offer dignity and hope in the healing process.

Benches with a testimonial tribute plate will be located throughout the campus in the garden areas, entry porticos, and other exterior locations. Bricks and cement pavers will be located in the Harman Gardens fronting Wilshire Boulevard between 15th and 16th Streets. By participating in the “Building a Pathway to Care,” you will preserve your place in history at Santa Monica-UCLA, while also providing much-needed financial support.

I/We am/are pleased to support Santa Monica-UCLA Partnership for Care.



Sample bench

- Checks should be made out to **The UCLA Foundation**.
- Online gifts can be made at www.uclahealth.org/SMPathway

☐ \$2,500 Garden Pathway Panel (4' x 6')

☐ \$1,500 Bench *(only 32 available)*

☐ \$500 Garden Pathway Paver (11¹/₂" x 11¹/₂")

☐ \$250 Brick



Sample brick

Name _____

☐ This is a joint gift. Spouse/Partner name _____

Address _____ City _____ State _____ ZIP Code _____

Phone _____ Email _____

Credit Card # _____ Exp date *(month/year)* _____

Garden Pathway Paver — Maximum of three lines of 20 characters per line

Brick — Maximum of two lines of 20 characters per line

The figure displays four identical horizontal grids, each consisting of 45 small rectangular cells. Below each grid, numerical labels are provided at intervals of 5, starting from 1 and ending at 45. The labels are: 1, 5, 10, 15, 20, 25, 30, 35, 40, and 45. The grids are intended for data entry, with the first grid already containing a single data point (1) in the first cell.

Please notify _____ that I/We _____
have made a donation of a bench, brick, or paver in his/her/their honor.

Name _____

Address	City	State	ZIP Code
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Phone _____ Email _____

If you have any questions, please contact: Candie Goldbronn, Director, Annual Fund, UCLA Health System, (310) 206-7620 or cgoldbronn@support.ucla.edu.

Privacy Notification: Please review UCLA's and The UCLA Foundation's Disclosure Statements for Prospective Donors at www.uclafoundation.org/disclosures.