

# Commemorative Tiles

Looking for the perfect way to celebrate a joyful occasion or remember a loved one? Create a lasting tribute to someone special with a Commemorative Tile in the N.C. Cancer Hospital.

## Purchase a Commemorative Tile to:

- ✓ Memorialize someone you love
- ✓ Honor an outstanding achievement
- ✓ Show appreciation for excellent care
- ✓ Celebrate a birthday, anniversary or other important milestone



For just \$1,000, you can craft a message that will forever be a part of the N.C. Cancer Hospital campus. Your tile purchase will support our lifesaving mission—enabling us to better support and treat the patients and families who turn to UNC for cancer care.

## Tile Details

- Tiles cost \$1,000 each, are 1.5" x 4" and made of copper metal
- Your message can include up to three lines of text with 20 characters on each line including spaces and punctuation
- Tiles are installed quarterly on planters at the Outdoor Terrace of the N.C. Cancer Hospital (located next to Starbucks)



## Yes, I want to purchase a Commemorative Tile in the N.C. Cancer Hospital!

You have two easy options for purchasing your tile:

- Complete the back of this form and mail to:  
UNC Health Foundation  
Attn: Cate Meno  
PO Box 1050  
Chapel Hill, NC 27514
- Contact Cate Meno at (919) 962-8458 or [cate\\_meno@med.unc.edu](mailto:cate_meno@med.unc.edu)



# Commemorative Tile Purchase Form

Please mail completed form and payment to: UNC Health Foundation, Attn: Cate Meno, PO Box 1050, Chapel Hill, NC 27514. Feel free to contact Cate Meno at (919) 962-8458 with any questions.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## Tile Inscription

Your message can contain up to 20 characters per line, including spaces and punctuation.

1<sup>st</sup> Line: \_\_\_\_\_

2<sup>nd</sup> Line: \_\_\_\_\_

3<sup>rd</sup> Line: \_\_\_\_\_

## Payment Information

Cost is \$1,000 per Commemorative Tile.

Check enclosed (payable to UNC Health Foundation)

Charge to: \_\_ Visa \_\_ MasterCard

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

## Tribute Notification

Please notify the following honoree of my commemorative tile purchase:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Thanks for your tile purchase and support of the N.C. Cancer Hospital!**