UNC LINEBERGER COMPREHENSIVE CANCER CENTER

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.

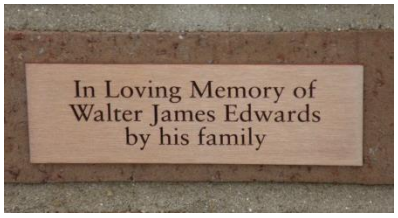
Purchase a Commemorative Tile to:

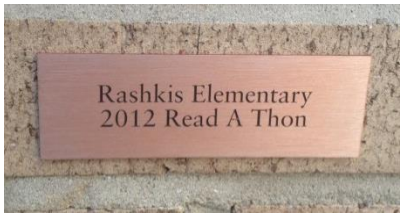
- ✓ Memorialize someone you love
- ✓ Honor an outstanding achievement
- ✓ Show appreciation for excellent care
- ✓ Celebrate a birthday, anniversary or other important milestone

For just $250, 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 $250 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 three easy options for purchasing your tile:

- Complete the back of this form and mail to:
  UNC Lineberger, CB #7295, Chapel Hill, NC 27599
- Visit www.unclineberger.org/commemorativetiles
- Contact Kelly Mansfield at (919) 966-0442 or kelly_mansfield@med.unc.edu

UNC LINEBERGER

UNC LINEBERGER COMPREHENSIVE CANCER CENTER

Commemorative Tile Purchase Form

Please mail completed form and payment to: UNC Lineberger, CB #7295, Chapel Hill, NC 27599.
Feel free to contact Kelly Mansfield at (919) 966-0442 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.

1st Line: __

2nd Line: __

3rd Line: __

Payment Information

Cost is $250 per Commemorative Tile ($210 is tax deductible).

- ❑ Check enclosed (payable to UNC Lineberger Comprehensive Cancer Center)
- ❑ Charge to: __ Visa __ MasterCard __ American Express

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!