

# SARATOGA BRIDGES MEMORIAL GARDEN



## Memorial Garden Project

*Our Memorial Garden, which is located at our Administrative campus on Saratoga Bridges Boulevard in Ballston Spa, is a living tribute to recognize individuals, family members, board members and employees who have passed away or to honor businesses and individuals for their support and dedication. By making a donation, you will provide an opportunity to acknowledge a loved one, create your own legacy or offer a simple quote in a welcoming and peaceful setting.*

*The Memorial Garden demonstrates our commitment of promoting healthier lifestyles for our individuals, families, staff members and the community at large. Some of the more exciting features we have already witnessed are that it is a non-intimidating, outdoor discovery environment where individuals are learning about a variety of plants and flowers as well as our local wild life. The Memorial Garden is providing a peaceful, tranquil atmosphere that is easily accessible and allows for a place to relax and experience nature. Also, it offers many positive activities that are increasing programmatic initiatives to enhance skill development.*



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**Examples of 3-line bricks**



**Example of Tree or Shrub Plaque**



**Example of an Arbor**

I would like to purchase:

\_\_\_\_\_ **Arbor(s)**     **\$2,500 (2 remaining)**

\_\_\_\_\_ **Brick(s)**     **\$100 (3 lines)**

\_\_\_\_\_ **Tree(s)**     **\$75 (limited)**

\_\_\_\_\_ **Shrub(s)**     **\$25**

\_\_\_\_\_ I am enclosing full payment of \$\_\_\_\_\_.

\_\_\_\_\_ I am enclosing partial payment of \$\_\_\_\_\_ and would like to pay \$\_\_\_\_\_ in monthly installments through 2015.

*Please fill in squares below EXACTLY how you would like the brick/plaque to read. The lines available for text are a maximum of 12 characters per line including spaces. Please do not hyphenate words or continue words over 2 lines.*


Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Please make your check payable to Saratoga Bridges Foundation

\_\_\_\_\_ Visa/MC/AMX \_\_\_\_\_

Card #

Exp. Date

Signature of Card Holder

Security Code

For more information, please contact Deanna Rizzo at 518.587.0723 ext. 1242 or email [drizzo@saratogabridges.org](mailto:drizzo@saratogabridges.org).

Send this form along with payment to:  
Saratoga Bridges Foundation, Attn: Memorial Garden  
16 Saratoga Bridges Blvd., Ballston Spa, NY 12020