



## DONOR WALL RECOGNITION PROGRAM

The Nord Center conducted a capital campaign to expand its building in 1993. At that time the agency was able to inscribe the names of donors on the wall in its lobby. Because many people have expressed interest in continuing to donate “bricks” The Nord Center is pleased to announce its Donor Wall Recognition Program.

Individual sponsors or businesses may choose to have their names placed on a 2.5 x 9” zinc plaque which will be affixed to the wall in the first floor hallway and waiting room area of the South Broadway location.

The form below shows the number of characters including punctuation and spaces that the plaque holds. Donors have the option to have their donations made be in memory or in honor of a loved one, or even remain anonymous. This will be indicated on the attached form.

Please review the following donation levels to help you decide which level of partnership you are interested in.

|                       |                         |
|-----------------------|-------------------------|
| <b>GOLD SPONSOR</b>   | <b>\$1,000 donation</b> |
| <b>SILVER SPONSOR</b> | <b>\$750 donation</b>   |
| <b>BRONZE SPONSOR</b> | <b>\$500 donation</b>   |
| <b>COPPER SPONSOR</b> | <b>\$250 donation</b>   |

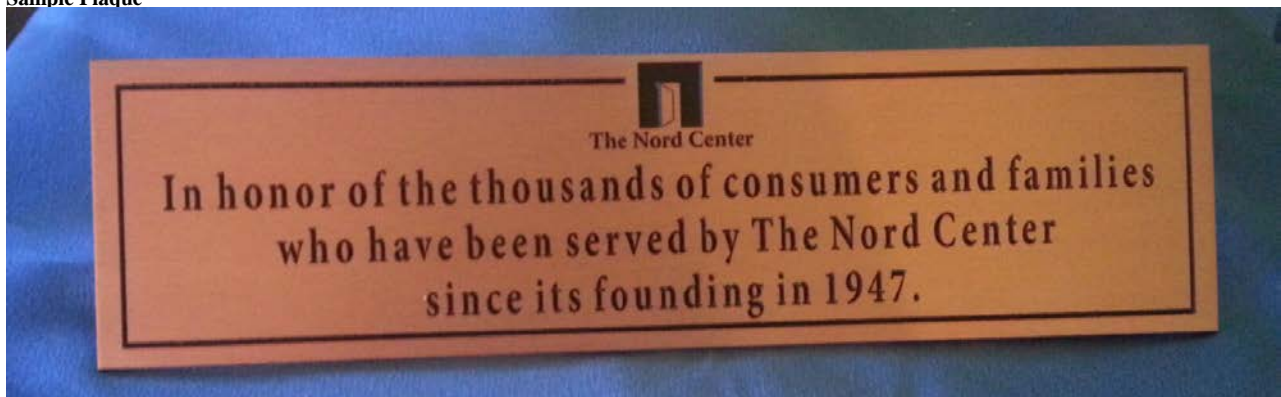
Please contact Betsey Kamm, our Director of Institutional Advancement with any questions at [bkamm@nordcenter.org](mailto:bkamm@nordcenter.org) or at (440) 204-4185. To order your plaque please complete the accompanying form and return to:

Betsey Kamm  
Director of Institutional Advancement  
The Nord Center  
6140 South Broadway  
Lorain OH 44053

OR

FAX: (440) 204-4185

Sample Plaque







# The Nord Center

Comprehensive Behavioral Healthcare

## DONOR WALL PLAQUE DONATION PAYMENT FORM

### Billing Information:

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**Name**

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**Address**

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**City, State, Zip**

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**Email**

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### Payment Method

**Check Enclosed (please make payable to The Nord Center)**

### Credit Card Information

**Visa**

**MasterCard**

**American Express**

**Discover**

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**Name On Card**

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**Account Number**

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**Credit Card Expiration Date**

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**Security Code**

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**Signature**

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**Date**

Return form to:

Betsey Kamm

Director of Institutional Advancement

**The Nord Center**

**6140 S Broadway, Lorain, OH 44053**

or e-mail to [bkamm@nordcenter](mailto:bkamm@nordcenter)

or fax to (440) 204-4185.