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PROJECT  
**ST. CLARE  
HEALTH MISSION**

**CLINIC  
RENOVATION &  
EXPANSION**

LA CROSSE WISCONSIN

REVISION SCHEDULE		
DATE	DESCRIPTION	BY

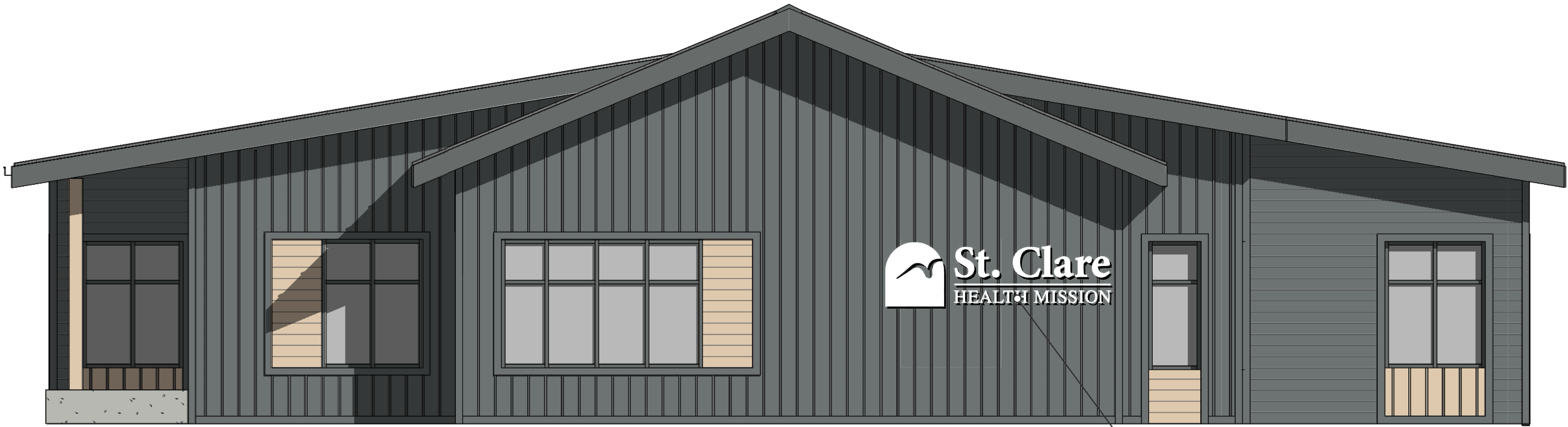
PROJECT NO.
FILE NAME
DRAWN BY Author
DESIGNED BY Designer
REVIEWED BY Checker
ORIGINAL ISSUE DATE
CLIENT PROJECT NO.

TITLE  
**SIGNAGE  
BASIS OF  
DESIGN**

SHEET



01



02

**BUILDING SIGNAGE EXAMPLES**

