



## NICU Celebration Wall

AT BANNER CHILDREN'S AT DESERT MEDICAL CENTER

**Give hope. Give health. Give back.**

Showing appreciation to a caregiver, memorializing a loved one, celebrating a milestone, or honoring those that gave life through organ donation—Banner Health Foundation offers a unique and lasting way to express your heartfelt message.

### Celebrate new beginnings

Babies are proof that life is full of possibilities. They give us hope for the future—a hope that is alive in the Neonatal Intensive Care Unit at Banner Children's at Desert Medical Center.

With the largest and most comprehensive NICU in the East Valley, we provide individualized care for more than 1,000 premature infants and ventilator-dependent newborns each year.

The NICU Celebration Wall offers a unique way to support the highest quality medical care and technology, family-centered procedures, and highly-trained neonatal medical experts.

Once your contribution is received, Banner Health Foundation will send a letter notifying the person or family member you are recognizing and an acknowledgment letter to you for tax purposes. The amount of your gift will remain confidential.

Thank you for supporting the NICU Celebration Wall at Banner Children's at Desert Medical Center.

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City/State ZIP \_\_\_\_\_

Phone (INDICATE PREFERRED)  Home \_\_\_\_\_  Work \_\_\_\_\_  Mobile \_\_\_\_\_

Please accept my gift to celebrate:  A birth  A caregiver, family member, or friend  
 The memory of: \_\_\_\_\_

Send notification of this gift to:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State ZIP \_\_\_\_\_

I wish to donate:  2.5" x 2.5" Tile — \$125 each  5" x 5" Tile — \$500 each  
 5" x 2.5" Tile — \$250 each  10" x 5" Tile with photo — \$1,000 each

**PLEASE NOTE** that donations of \$1,000 or more qualify for membership in Banner Benefactors, a program offering special benefits to our donors.

Information to be inscribed (UP TO 50 CHARACTERS) \_\_\_\_\_

A check made payable to Banner Health Foundation is included.

I am paying by credit card:  VISA  MasterCard  AmEx  Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Sign me up for Monthly Giving, using the above information. I understand that the deduction will continue until I instruct Banner Health Foundation in writing to discontinue the gift.

Mail this completed form to Banner Health Foundation, 2901 N. Central Ave., Suite 160, Phoenix, AZ 85012 or email to [FoundationINFO@bannerhealth.com](mailto:FoundationINFO@bannerhealth.com). Call or click to find out more: **602.747.GIVE (4483)** or **GIVE.BannerHealth.com**