



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 Cardon Children's 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, familycentered 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 acknowledgement letter to you for tax purposes. The amount of your gift will remain confidential.

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

NICU Celebration Wall

AT CARDON CHILDREN'S MEDICAL CENTER

Give hope. Give health. Give back.

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.