



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.

### Create a lasting memory

At Banner Estrella Medical Center, we are dedicated to making health care easier, so life can be better. Staying true to our values deeply rooted in the very meaning of Estrella star: self illuminating and brilliant guiding light we offer the **Honoring Our Stars** celebration wall. STARS are people who:

- S**HARE GENEROUSLY
- T**RUST WITH KINDNESS AND COMPASSION
- A**CT WITH COURAGE
- R**ECOGNIZE GREATNESS IN OTHERS
- S**ERVE AS PART OF SOMETHING BIGGER THAN THEMSELVES

Once your contribution is received, Banner Health Foundation will notify the person you are recognizing and send an acknowledgement letter to you for tax purposes. The amount of your gift will remain confidential.

## BANNER ESTRELLA MEDICAL CENTER Honoring Our Stars

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

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

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

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

Please accept my gift to celebrate:  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:  5" gold STAR — \$250 each  12" gold STAR — \$750 each  
 9" gold STAR — \$500 each  16" gold STAR — \$1,500 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.