



Ornament Order #1

THIS GIFT IS:

- In Memory of In Honor of

Tribute Name _____

INSCRIPTION

(Three lines of engraving, 15 characters each line, counting spaces. Only the wording listed below will be included on the ornament).

PLEASE SEND NOTIFICATION OF THIS GIFT TO:

Name _____

Address _____

City _____ State _____ Zip _____

Ornament Order #2

THIS GIFT IS:

- In Memory of In Honor of

Tribute Name _____

INSCRIPTION

(Three lines of engraving, 15 characters each line, counting spaces. Only the wording listed below will be included on the ornament).

PLEASE SEND NOTIFICATION OF THIS GIFT TO:

Name _____

Address _____

City _____ State _____ Zip _____

Each Ornament is \$100

Your Star Light Star Bright gift will provide new, comfortable sleeper sofas for family members supporting laboring mothers at the Family Birth Center.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Enclosed is my check for \$ _____

OR

Charge my: Visa, MasterCard, Discover or American Express

\$ _____

Card number _____

Exp. date _____ CRV _____

Signature _____

Orders received by **TUESDAY, NOVEMBER 26,** will be available the evening of **DECEMBER 3.**

Any orders received after November 26, will be available for pick-up in the Foundation office through December 13.



Support Woodland Healthcare

I am NOT purchasing an ornament, but I would like to make a gift of \$ _____ to Woodland Healthcare Foundation.

In addition to purchasing an ornament, I would like to give a gift of \$ _____ to the Foundation.

Please make checks payable to:



Woodland Healthcare Foundation.

1321 Cottonwood Street, Suite 207
 Woodland, CA 95695