

32ND ANNUAL

Star Light Star Bright TRIBUTE FORM

Ornament #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 #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

Proceeds will fund equipment to enhance care for mothers and newborns in the Family Birth Center at Woodland Memorial Hospital.

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 27,
will be available the evening of DECEMBER 4.

Any orders received after November 27, will be available for
pick-up in the Foundation office through December 14.



Support Woodland Healthcare

- I am not purchasing an ornament, but I would like to make a gift of \$ _____ to the 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

For more information, please call 530.669.5680 or visit supportwoodlandhealthcare.org