



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 generosity will help provide safety and comfort for every baby born in Woodland Memorial Hospital's Family Birth Center during their precious first days.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Support New Babies and Families

- I would like to give a gift of \$ _____ to purchase _____ ornaments.
- In addition to purchasing an ornament(s), I would like to give a gift of \$ _____.
- I am NOT purchasing an ornament, but I would like to make a gift of \$ _____ to support Woodland Healthcare Foundation.

Enclosed is my check for \$ _____

OR

Charge my: Visa, MasterCard, Discover or American Express

\$ _____

Card number _____

Exp. date _____ CRV _____

Signature _____ Date _____

Ornament orders will be mailed to the address provided above unless special mailing arrangements are sent to: **jenine.ramirez@dignityhealth.org**.

Beginning **December 1**, tributee names will be listed on our website **supportwoodlandhealthcare.org**.

Please make checks payable to:



**Woodland Healthcare
 Foundation.**

1321 Cottonwood Street, Suite 207
 Woodland, CA 95695