Methodist Medical Center Foundation was established in 1990 to encourage support of the programs and services at Methodist Medical Center of Oak Ridge. Through the generosity of its donors, the Foundation is able to advance the highest quality of health care services at Methodist Medical Center.

Your participation in the "A Star is Born" program will help to continue that mission. Proceeds will benefit the programs and services of the Family Birthing Center at Methodist Medical Center. Thank, you!



990 Oak Ridge Turnpike Oak Ridge, TN 37830 (865)835-5261 • www.mmcfoundation.org



Methodist Medical Center's BABY WALL OF FAME at the Family Birthing Center

At Methodist Medical Center,

we share in your excitement and realize that the birth of a baby is a cause for celebration for you and your family. For generation after generation, Methodist Medical Center has been the birthplace of babies from all over the region, and we have shared in the joy of welcoming each new life.

As a parent, grandparent, relative or friend, you have an opportunity to permanently recognize this special occasion. For a minimum contribution of \$100, a star inscribed with your child's name and date of birth will be added to the "A Star is Born" baby wall of fame at Methodist Medical Center. You will also receive a special certificate commemorating your gift.

Years from now, when your child visits Methodist Medical Center, he or she will be able to point with pride to "my *Star*" on the wall of fame. What a wonderful way to remember this joyful occasion!

Address City State Phone # Send letter of acknowledgment to parents? Name of Parents Address City State Zip Code Phone # Name of Child (please print name as it is to appear on the star) First Middle Middle Date of Birth /	Donor's Name		
Phone # Send letter of acknowledgment to parents? Name of Parents Address City State Zip Code Phone # Name of Child (please print name as it is to appear on the star) First Middle I I I I I I I I I I I I I I I I I I I	Address		
Send letter of acknowledgment to parents? Name of Parents Address City State City State Zip Code Phone # Name of Child (please print name as it is to appear on the star) First Middle Middle Last Date of Birth	City	State	Zip Code
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Name of Child (please print name as it is to appear on the star) First Middle Last Date of Birth	City	State	Zip Code
(please print name as it is to appear on the star) FirSt Middle Last Date of Birth/	Phone #		
First Middle Last Date of Birth/	Name of C	hild	
Middle Last Date of Birth/	(please print name as it is to appear on the star)		
Last	First		
Last	Middle		
Date of Birth/			
	Last		
	Date of Birth / /		
			f\$100 per child)

Send your check and order form to: Methodist Medical Center Foundation PO Box 2529, Oak Ridge, TN 37831-2529

Please enclose a separate sheet for additional names. Remember anyone born at Methodist Medical Center is eligible for a star.