

A Baby is a Blessing

- Enclosed is my tax-deductible donation of \$_____ (**Minimum donation of \$150** to have tile placed on the Baby Blessing Wall)
- I would like to purchase _____ Keepsake tile(s) at \$40 each. (Keepsake tiles are only available with the purchase of a Wall tile. Each comes with a small display easel.)

Total Amount: _____

Baby Information

Name of Baby (please print name as you would like it to appear on the tile)

Date of Birth (Month, Day, Year)

BOY

GIRL

- Yes, in addition to the name, I would like to have a baby photo etched into the tile. I am including a photo with this form and I understand the picture is usable upon the discretion of the Foundation and will not be returned.

Would you like us to send a letter of acknowledgement to the parent(s)? ___ Yes ___ No

Name of Parent(s)

Address

City

State/Zip

Phone

E-Mail

Donor Information

Donor's Name

Address

City

State/Zip

Phone

E-Mail

Type of Payment: ___ Check ___ Visa ___ MasterCard ___ American Express

Name as it appears on card

Credit Card Number

Expiration Date

Please send payment and order form to:
The Baptist Hospital Foundation
2000 Church Street
Nashville, Tennessee 37236