## Footprints into the future

## A very special way to recognize and celebrate the children in your life . . .

Community Medical Center's "Footprints Into The Future" wall is a wonderful way to pay tribute to your child, grandchild or other baby in your life. Whether your child was born at Community or somewhere else, commemorate their birth and join Footprints Into the Future as a lasting tribute for all to see.

Footprint plaques are available in three sizes. They will be displayed on our maternity unit, and will be inscribed with the child's name and birth date.

To join "Footprints Into The Future" please complete this form and send it with your credit card information or a check made payable to:

> **Community Medical Center Foundation** Attn: Footprints Into the Future 99 Highway 37 West Toms River, NJ 08755 (P)732-557-8131 (F)732-557-2398

| Name:                      |             |                 |       |
|----------------------------|-------------|-----------------|-------|
| Address:                   |             |                 |       |
| City, State, Zip<br>Phone: |             |                 |       |
| <u>Footprint Size</u>      | <u>Cost</u> | <u>Quantity</u> | TOTAL |
| 3" X 4"                    | \$500       |                 |       |
| 3.5" X 4.15"               | \$750       |                 |       |
| 4.5" X 5.34"               | \$1,000     |                 |       |
|                            | Total Amour | nt:             |       |
| Please charge mu           |             |                 |       |

| 🗌 Visa          | MasterCard  | 🗌 American Express 📋 Discover |  |
|-----------------|-------------|-------------------------------|--|
| Card Number     |             | Exp. Date                     |  |
| Signature       |             | Sec. Code                     |  |
| Name as it appe | ars on Card |                               |  |
| Address of care | holder      |                               |  |

## Inscription

Footprints are inscribed with one child's name and birth date only. Please indicate how you would like your footprint(s) inscribed. If you are sponsoring more than one, please include a separate sheet with each inscription. Please

| print. | Child's Name: First |  |
|--------|---------------------|--|
|        | Last                |  |
|        | Date of birth:      |  |

Simply complete the form and return it to the Community Medical Center Foundation along with your payment. You will be notified when the plaques have been installed.

All proceeds will benefit maternity services at Community Medical Center.

*For more information, please contact the* Community Medical Center Foundation at 732.557.8131 or visit www.cmcgiving.org

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