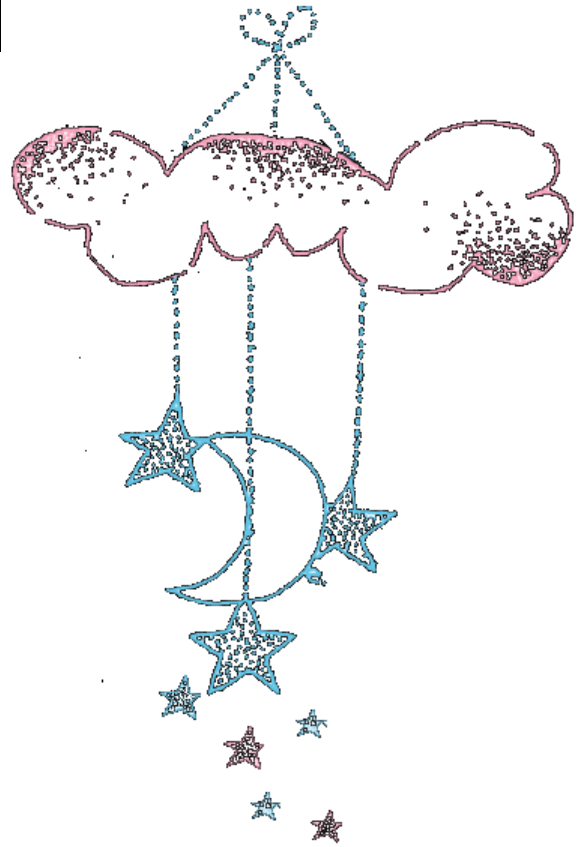


LIGHTS OF LOVE



A STAR IS BORN

THE SPARKLE OF NEW LIFE For

generations, Hunterdon Medical Center has been the birthplace of babies from all over the region. We know what a celebration each new life brings – the excitement that surrounds the welcoming of a baby is a time to remember and cherish forever.

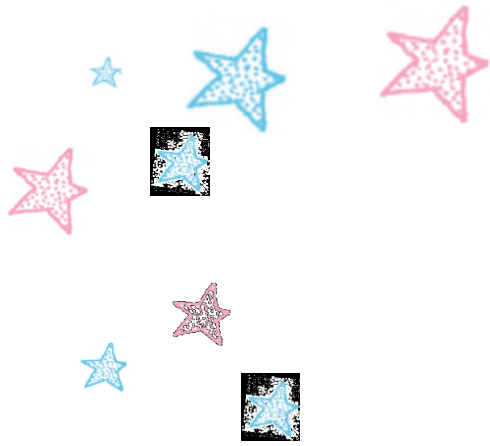
That's why Hunterdon Medical Center Auxiliary's **Lights of Love** program is pleased to offer **A Star is Born**, a tribute program for parents, grandparents, relatives and friends to celebrate the birth of a new baby – and support Hunterdon Medical Center at the same time.



Hunterdon Healthcare


Your full circle of care.


Hunterdon Medical Center Auxiliary




A Star is Born – Wall Mural

**For a minimum gift of \$50,
you will receive:**

 Your newborn's name and birthdate inscribed on a metallic star for permanent display on the **A Star is Born – Wall Mural**, located in the Maternity and Newborn Care Center at Hunterdon Medical Center.

 A commemorative certificate suitable for framing.

 The knowledge that your donation is benefiting the Hunterdon Medical Center where hundreds of babies are born each year.

After the donation and application have been received, we will send a consent form to the parents to be completed and returned.

NOTE: *We cannot inscribe a star until we have received a completed consent form.*



O Yes!

I want to contribute to **A Star is Born** program (please print) Your

Name _____

Address _____

City, State, Zip _____

Phone _____

E-mail _____

Name of Newborn _____

Birthdate _____

Boy Girl

Please notify the newborn's family of my gift
(if different than the donor).

Name _____

Address _____

City, State, Zip _____

Please make your check payable to:

Hunterdon Healthcare Foundation

Please send your gift to:

Hunterdon Healthcare Foundation

9100 Wescott Drive, Suite 202

Flemington, NJ 08822

908-788-6141 • foundation.hunterdonhealthcare.org

Visa Mastercard American Express Discover

Card Number _____

3 Digit Security Code _____

Expiration Date _____

Signature _____

Employer will match my gift!

Attached is my matching gift form.

