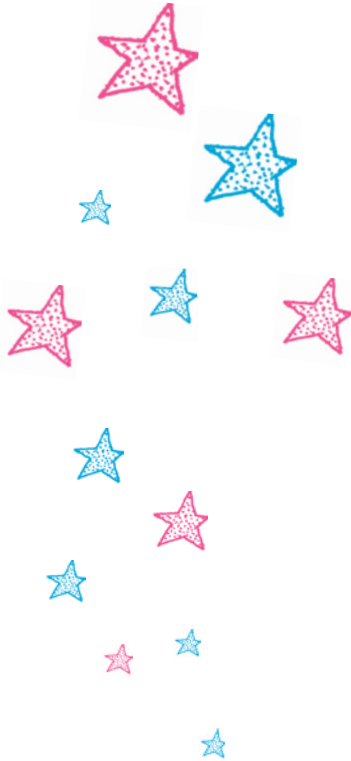


Employer will match my gift!

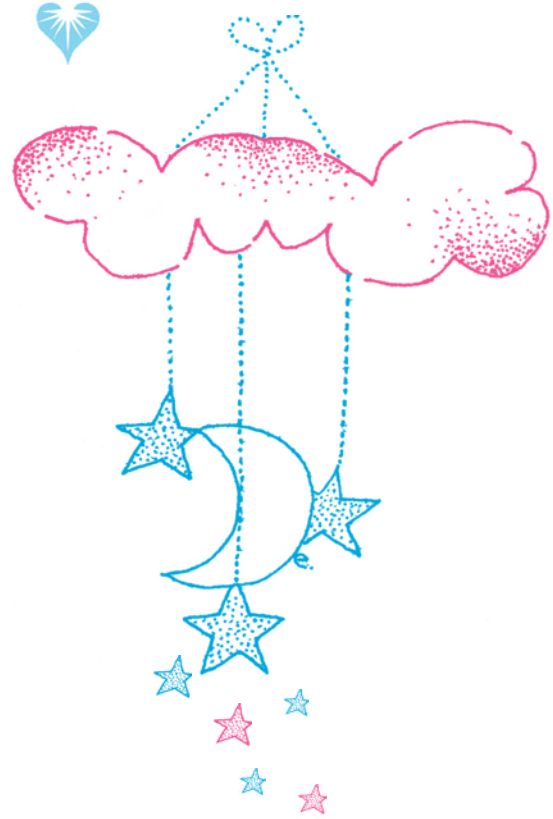
Attached is my matching gift form.

For Office Use Only

- Thank You
- Notification of Gift



LIGHTSOFLOVE



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 – all while helping Hunterdon Medical Center through your donation.



**HUNTERDON
MEDICAL CENTER
AUXILIARY**

HUNTERDON HEALTHCARE SYSTEM
The Heart of Modern Medicine

2100 Wescott Drive, Flemington, NJ 08822



A Star is Born – Wall Mural

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

- ★ Your newborn's name and birth date 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, A Star is Born bear, and a "Happy Birthday" card to your baby on his or her first birthday.
- ★ The knowledge that your donation is benefiting the Maternity and Newborn Care Center at Hunterdon Medical Center where hundreds of babies are born each year.



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 Medical Center Foundation

Please send your gift to:

Hunterdon Medical Center Foundation

2100 Wescott Drive

Flemington, NJ 08822

Or charge my:

Visa Mastercard American Express Discover

Card Number _____

Expiration Date _____

Signature _____