

Celebrate
the birth of
a child



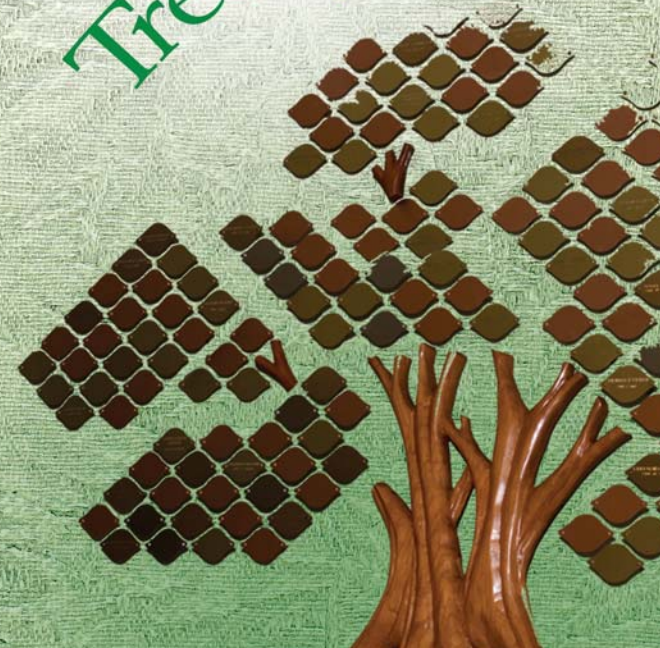
York Hospital is a premiere community teaching hospital providing quality, cost-effective health care services, strongly supporting excellence in education, and offering essential services without regard for an individual's ability to pay.

45 Monument Road
Suite 200
York, PA 17403
www.wellspan.org



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Tree of Life



Tree of Life



York Hospital is proud to present the Tree of Life, a customized wooden sculpture designed to symbolize the miracle of birth.

Positioned in the lobby of our Mother-Infant Center, the Tree of Life represents a meaningful opportunity for individuals to celebrate the birth of a child while contributing to the hospital's longstanding heritage of quality and compassionate care for everyone – regardless of their ability to pay.

The York Health Foundation will send an acknowledgment to the honoree or next of kin recognizing this kindness. The name of each honoree will appear in the Foundation's Annual Report.

For more information, contact the York Health Foundation at (717) 851-3595, or check out our website at www.wellspan.org

Please complete and mail the attached response form along with your check to:

York Health Foundation
45 Monument Road
Suite 200
York, PA 17403

Tree of Life Celebration Levels

- \$1,000 Boulder
- \$500 Acorn
- \$250 Gold leaf
- \$100 Silver leaf
- \$50 bronze leaf

Yes!

 I would like to celebrate the birth of a child

Donor Information

Your name _____

Address _____

City _____ State _____ Zip _____

Email _____

Please clearly print the information to be inscribed.

Child's Name _____

Birth Date _____

My **tax deductible** Tree of Life Celebration Level is:

\$50 \$100 \$250 \$500 \$1000

Other _____

I/we would like to honor the special care received from the following doctors/nurses
The Foundation will send a card to notify the special person of your gift.

My contribution is enclosed

Please bill my credit card:
MasterCard Visa AmericanExpress (circle one)

_____ Exp. Date: _____

Signature: _____

For grandparents - we will notify the child's parents of this gift.

Parent's Name _____

Address _____

I have included York Hospital in my estate plan.

I am thinking about including York Hospital in my estate plans. Please send me more information.

Please make checks payable to York Health Foundation and return in the enclosed envelope.

