

CEDARS - SINAI
BABY TRIBUTE GALLERY

PLEASE ADD BABY'S NAME(S) TO THE TRIBUTE GALLERY

(Birthdate is optional)

Baby's Name Birthdate Tile Color

Baby's Name Birthdate Tile Color

This gift is in memory of _____
Baby's Name

A GIFT FROM

Parent Grandparent Other Family Friend

Name

Address

City State/Zip

Phone Email

Enclosed is a check in the amount of \$ _____
Each tile is \$5000. Please make check payable to Cedars-Sinai Medical Center.

Please charge my credit card in the amount of \$ _____
 Visa Mastercard American Express Discover

Card Number

Signature Exp. Date

PLEASE SEND A GIFT NOTIFICATION TO

Name

Address

City State/Zip

Mail this completed form with your check to:

Cedars-Sinai Medical Center, Community Relations, 8700 Beverly Blvd., Suite 2416, Los Angeles, CA 90048