



## **BUSINESS** REP WYNNEWOOD, PA MAIL

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Development Office Lankenau Hospital 100 East Lancaster Ave Wynnewood, PA 19096-9620

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**Lankenau Hospital Foundation Development Office** Medical Office Building East Suite 50 100 East Lancaster Ave. Wynnewood, PA 19096 (610) 645-8067 www.lankenauhospital.org



An Opportunity to Support Lankenau Hospital's Mothers and Babies

Main Line Health

Lankenau Hospital



"The wonderful physicians, nurses and staff at Lankenau Hospital don't just care for the babies. They care for the whole family.

— A GRATEFUL LANKENAU MOTHER

Annual donors to the Mother/Baby Center will be given a space on Lankenau Hospital's "Family Photo Wall" for one year when they donate at the following levels:

- \$1,000 per year for rotating digital photo frame (up to 8 photos)
- \$500 per year for static photo frame (1 photo)
- \$100 per year for a name and birth date

## Why Your Contribution Matters

Securing your space on Lankenau's "Family Photo Wall" is a terrific tribute to your child, grandchild, niece or nephew. But it is also a way to support our Hospital's commitment to care for future families. As a not-for-profit, Lankenau Hospital relies on the charitable support of our community to maintain and enhance our mission.

Make a gift in honor of a Lankenau team member or department to recognize the care they have shown. Or simply make a gift in honor of a child.

Please complete this reply envelope and include your check payable to The Lankenau Hospital Foundation or your credit card information. For more information, please call Lankenau's Development Office at (610) 645-8067.

## Please complete this form, fold, enclose payment, moisten edges to seal, and mail.

Note: Upon receiving your donation, we will contact you immediately to secure the photo(s) and/or name and birth date you would like displayed on Lankenau's "Family Photo Wall."

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<ul> <li>□ \$1,000 (entitling me to one digital photo frame on "Family Photo Wall" holding up to 8 photos)</li> <li>□ \$500 (entitling me to one static photo frame featuring photo on the "Family Photo Wall")</li> <li>□ \$100 (entitling me to one "name and birth date" on "Family Photo Wall")</li> <li>□ Other</li> <li>My gift is:</li> <li>□ In honor of</li> <li>□ In memory of</li> <li>□ Please send me information on how to include Lankenau Hospital in my will.</li> <li>□ I have included Lankenau Hospital in my will or est</li> <li>□ Please contact me about making a planned gift to L</li> </ul>	ing one
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Gifts of \$1,000 and above will be recognized on the Hospital's Do	onor Wall.
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