

I would like Backus star(s) to celebrate:

First Name

Middle Name

Last Name

month day year

Birth Date (optional)

First Name

Middle Name

Last Name

month day year

Birth Date (optional)

First Name

Middle Name

Last Name

month day year

Birth Date (optional)

First Name

Middle Name

Last Name

month day year

Birth Date (optional)



Backus Hospital
Connect to healthier.™

A Star is Born at Backus

A special way to honor your child's birth and support the Backus Hospital Birthing Center.



Backus Office of Philanthropy and Development
ph 860.823.6325

A Star is Born *at Backus*

A Special Celebration

The birth of a new baby is a time of great joy and delight. With each new special delivery in our Birthing Center, it's also a time for celebration for our family, too.

That's why we started **A Star is Born at Backus** – to give you, your loved ones and friends a special way to honor your child's birth.

Your Gift of Love is a Gift of Life

By honoring the birth of the newest family member through your contribution to Backus, you are also helping to perpetuate excellence in care by providing funds that will be used exclusively in the Hospital's Birthing Center.

Recognition

With a tax deductible contribution of \$100 (\$75 tax deductible), your baby becomes a member of **A Star is Born at Backus**. To recognize this membership, his/her name and birth date, will be etched on an individual 4" round tile and placed on the **A Star is Born at Backus** wall of honor, proudly displayed near the Birthing Center.

Additional stars may be purchased at any time to commemorate other children/grandchildren born at Backus Hospital.

To enroll in A Star is Born at Backus

Please fill out the attached form and return it in the envelope provided or mail to:

Backus Office of Philanthropy and Development
326 Washington Street
Norwich, CT 06360

For more information, call 860.823.6325

Donation Form

I would like to purchase _____ Backus star(s) at \$100 per star.

Please provide information, on the back panel, for the name(s) you would like to appear on the star(s) – please print clearly

I do not wish to participate in A Star is Born at Backus at this time, but would like to make a contribution of \$ _____

Name

Address

City

State

Zip Code

Phone

Email

Method of Payment

Check enclosed (Payable to Backus Hospital)

MasterCard

Visa

Discover

Donation amount: \$ _____

Credit Card Number

Exp. Date

Security Code

Cardholder Name

Signature

