



1850 State Street * New Albany, IN * 47150 * 812-949-5519

Tulips in Bloom Wall Donation Form

Donor Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Leafs and Tulips can be purchased to recognize a new life born at Floyd Memorial Hospital. Leafs and flowers may be engraved with the baby's name and birthday.

Donor Levels:

_____ \$250 Flower Level

- Baby's name and Birthday recognized on the Tulips in Bloom Wall (may include multiple names and birthdates on the Tulips in Bloom Wall for two or more children)
- Keepsake of baby's photo in a personalized frame with name and birthdate
- Baby's parents will receive flower replica with baby's name and birthdate

_____ \$150 Leaf Level

- Baby's name and Birthday recognized on the Tulips in Bloom Wall
- Keepsake of baby's photo in personalized frame with name and birth date

Inscription: Baby's name as you would like it to appear: _____

Birthdate: _____

Other information (if space available): _____

Payment Options:

_____ My Gift payment is enclosed _____ I elect to process my donation through Payroll Deduction

_____ Please charge my credit card ___ Visa ___ MasterCard ___ American Express ___ Discover

Card number: _____ Exp date: _____ Amount \$: _____

Name as it appears on card: _____

Signature: _____ Date: _____

Please make checks payable to the **Floyd Memorial Foundation**. All Proceeds for the Tulips in Bloom Wall will benefit the Floyd Memorial Foundation. Thank you for your donation and recognition of your wee one(s).