The Children's Hospital at Montefiore

TILE PROGRAM

Purchase tiles in honor or memory of family, friends or colleagues.

ORDERING INSTRUCTIONS

1. Complete the order form below and mail it to Montefiore Medical Center, Development Office, 111 East 210th Street, Bronx, NY 10467 or fax to (718) 547-9274. Call (718) 920-6656 with questions.
2. You will receive a confirmation letter within 14 days of placing your order.
4. Your message must fit in the boxes below including spaces between letters.
5. Messages will be centered on each tile; the use of upper and lower case letters is permitted.

Purchaser's Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____ Fax: _____

Simply check off the size of tile(s) you are ordering and clearly print the information, as you would like it to appear.

PAYMENT OPTION

My/Our check is enclosed in the amount of $ _____ (*payable to The Children's Hospital at Montefiore*)

Please charge my/our credit card: *(check one)* ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Card Number: _____ Exp. Date: _____ Signature: _____

☐ **Friend Tile - $150.00 (3" x 5", Max 25 spaces per line, 3 lines)**

☐ **Patron Tile - $250.00 (6" x 11", Max 25 spaces per line, 4 lines)**

☐ **Supporter Tile - $1,000.00 (12" x 11", Max 25 spaces per line, 6 lines)**

Under IRS guidelines, the full amount of your payment is a tax-deductible contribution. You will receive a letter of thanks, which will serve as documentation of your gift.