

# MERCY **CRADLE CROWD**

## **THE CRADLE CROWD**

The birth of a new baby is a time of great joy and delight. At the same time you are honoring the birth of the newest family member through your contribution to the Mercy Health Partners Foundation, you are also helping perpetuate excellence in delivery and neonatal care by providing funds that will be used exclusively for women's services.

## **SILVER MEDALLION**

With your contribution of \$150 or more to the Foundation, your new baby can become a member of the Cradle Crowd. His or her footprint, etched for all times in a beautiful silver medallion in pink or blue accordingly, is proudly displayed at the hospital where you delivered. The baby's name and birth date appear on the medallion as well. The donor will also receive a second medallion and stand to display at home. Additional medallions can be ordered for \$25 each.

## **ETCHED GLASS**

With your contribution of \$50 or more, you can commemorate a child's birth with a beautifully etched glass foot print. Complete with name and date of birth, it makes a perfect Christmas ornament or window light catcher.

## **SATIN GOLD MEMORIAL MEDALLION**

With your contribution of \$100 or more, a satin gold finished memorial medallion is inscribed with the child's name, footprint (optional), date of birth and date of death.



**MERCY**  
Health Partners  
Foundation

101 BLOUNT AVE., STE 530, KNOXVILLE, TN 37920

(865) 632-5678 • [WWW.MERCY.COM](http://WWW.MERCY.COM)

I would like to enroll \_\_\_\_\_ as a member of the Cradle Crowd and help continue the excellence in delivery and neonatal care at Mercy Health Partners.

Sex:  Male  Female Birth Date: \_\_\_\_\_

Enclosed is my check paid to Mercy Health Partners Foundation for:

- Cradle Crowd silver medallion(s) - \$150
  - Additional silver medallion(s) - \$25 each. Quantity \_\_\_\_\_
- Etched glass ornament \$50 each. Quantity \_\_\_\_\_
- Memorial medallion \$100. Date of death: \_\_\_\_\_
- I would like to make an additional contribution of \$ \_\_\_\_\_

Indicate location of baby's birth:  St. Mary's  Baptist Hospital West

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Please return to Mercy Health Partners Foundation, 101 Blount Avenue, Suite 530, Knoxville, TN 37920  
*For more information please call Foundation office (865) 632-5678 • [www.mercy.com](http://www.mercy.com)*



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