



NICU Wish List

The following states that _____ (name as it appears on the credit card) authorizes Cedars-Sinai Medical Center Community Relations Department to immediately charge the following credit card for the total amount of \$ _____ for the donation of the item selected from the Wish List.

- Forever In Our Hearts Memorial Event, co-sponsor** **\$2,500.**
Annual memorial event for NICU families.
- NICU Graduate Reunion, co-sponsor** **\$2,000.**
Annual reunion of all NICU families and their children.
- NICU Parent Education Program, ten families** **\$1,500.**
Materials and lectures on infant care.
- Excellence in Nursing Program, one nurse** **\$1,000.**
Education, conferences, and staff recognition.
- Family Bereavement Assistance, one family** **\$750.**
Counseling, materials, and burial subsidies.
- Emergency Aid for NICU Families, one family** **\$500.**
Provides assistance to needy families.
- NICU Baby Comfort Package, five babies** **\$250.**
Blankies, milestone gifts, and baby showers.
- General Donation, general fund** _____
Can be specifically designated or generally applied.

TO PAY BY CREDIT CARD

Please print this form, fill out completely and return via fax to (310) 423-0100:
Attn: Carrie Battocchio
Cedars-Sinai Medical Center / Community Relations Department

Name of Cardholder: _____

Signature of Cardholder: _____

Cardholder's Phone Number: _____

Billing Address _____

Type of Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

TO PAY BY CHECK

Please print this form, fill out name and shipping address only and mail with your check, made payable to Good Beginnings / Cedars-Sinai Medical Center to:

Cedars-Sinai Medical Center
8700 Beverly Blvd., Suite #2416
Los Angeles, CA 90048
Attn: Carrie Battocchio

