

## ST. JUDE CHILDREN'S RESEARCH HOSPITAL® PLAQUE ORDER FORM

Please select the appropriate plaque that matches your gift by placing an X in the designated place. Use the information listed below each plaque to complete inscription form on page 3.

### St. Jude Skyline Tribute Wall:

I am giving \$2,500+ for a **Tribute Plaque (4"x 2.75")**

*\*Seven lines, with 18 characters per line*

I am giving \$5,000+ for a **Tribute Plaque (4"x 4.125")**

*\*Eleven lines, with 18 characters per line*

### Supporter's Walls:

I am giving \$10,000+ for a **Supporters' Plaque (4"x 2")**

*\*Five lines, with 20 characters per line*

I am giving \$25,000+ for a **Patrons' Plaque (5"x 2")**

*\*Five lines, with 20 characters per line*

I am giving \$50,000+ for a **Sponsors' Plaque (6"x 2")**

*\*Five lines, with 20 characters per line*

I am giving \$100,000+ for a **Century Plaque (6"x 2.5")**

*\*Five lines, with 19 characters per line*

I am giving \$250,000+ for an **Ambassadors' Plaque (9"x 3")**

*\*Five lines, with 24 characters per line*

I am giving \$500,000+ for a **Benefactors' Plaque (10"x 4")**

*\*Five lines, with 20 characters per line*

I am giving \$1,000,000+ for a **Founders' Plaque (20"x 4")**

*\*Three lines, with 30 characters per line*

### Patient Care Spaces:

I am giving \$25,000+ for a **Plaque on a Doctor's Office (8"x 8")**

*\*Five lines, with 20 characters per line*

I am giving \$50,000+ for a **Plaque on a Recovery Bay (8"x 8")**

*\*Five lines, with 20 characters per line*

I am giving \$100,000+ for a **Plaque on a Private Treatment Room in the Medicine Room (8"x 8")**

*\*Five lines, with 20 characters per line*

I am giving \$150,000+ for a **Plaque on a Clinic Exam Room (10"x 12")**

*\*Five lines, with 20 characters per line*

**ST. JUDE CHILDREN'S RESEARCH HOSPITAL®**  
**PLAQUE ORDER FORM (CONTINUED)**

Please select the appropriate plaque that matches your gift by placing an X in the designated place. Use the information listed below each plaque to complete inscription form on the next page.

**Patient Care Spaces: (continued)**

I am giving \$150,000+ for a **Plaque on a Parent Room (10"x 12")**

*\*Five lines, with 20 characters per line*

I am giving \$300,000+ for a **Plaque on a Patient Room (10"x 12")**

*\*Five lines, with 20 characters per line*

**Research Spaces:**

I am giving \$25,000+ for a **Plaque on a Researcher's Office (8"x 8")**

*\*Five lines, with 20 characters per line*

I am giving \$50,000+ for a **Plaque on a Post Doc Room (8"x 8")**

*\*Five lines, with 20 characters per line*

I am giving \$250,000+ for a **Plaque on a Research Support Space (10"x 12")**

*\*Five lines, with 20 characters per line*

I am giving \$500,000+ for a **Plaque on a Tissue Culture Room (10"x 12")**

*\*Five lines, with 20 characters per line*

I am giving \$1,000,000+ for a **Plaque on a Research Laboratory (16"x 18")**

*\*Five lines, with 20 characters per line*

**Payment Options:**

Enclosed is my check in the amount of \$\_\_\_\_\_ for my entire gift.

Enclosed is my check for \$\_\_\_\_\_ as a partial gift. I wish to pay the balance of my pledge as follows: \$\_\_\_\_\_ per \_\_\_\_\_. I understand a plaque will be ordered when paid in full.

I have made an online gift towards this naming opportunity in the amount of \$\_\_\_\_\_ on \_\_\_\_\_ (Date). (This must be a new gift, not a previous donation)

When this completed form is returned and payment is received in full, you will receive a layout of the plaque inscription to review and approve prior to the plaque being created. Once the plaque is installed, you will receive pictures of the plaque and are invited for a personal tour of the hospital so you can see your plaque in person.

**Plaque Inscription:**

Please inscribe the plaque as follows: (*Please note:* In consideration for the feelings of our patients and families, the use of “Birth” or “Deceased” dates is discouraged, and phrases such as “In Tribute to”, “In Honor of”, and “Dedicated to” should be substituted for “In Memory of”..) The number of lines and characters per line are listed for your plaque on the previous pages. Characters per line include punctuation and spacing. *Print or type:*

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_

---

**Contact Information:**

\_\_\_\_\_

Print or type full name of contact person

\_\_\_\_\_

Street address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

(\_\_\_\_\_) \_\_\_\_\_

Area code

Telephone number

\_\_\_\_\_

Email Address



**Please return to:**

Steven Solomon  
ALSAC-St. Jude Children's Research Hospital  
Gift Planning Department  
501 St. Jude Place  
Memphis, TN 38105  
(800) 830-8119 (901) 578-2810 fax