

St. Jude Wave of Thanks Wall



Thanks to our loyal friends and supporters, St. Jude Children's Research Hospital® can offer hope to children battling childhood cancer and other life-threatening diseases. Our **Wave of Thanks Wall** is designed to help us thank our very special donors who have adopted the St. Jude mission by making a contribution to the hospital.

This wall is located in the corridor that links the Patient Care Center and the Chili's Care Center at St. Jude, which is visited daily by patients, families and doctors. Your inscription will be displayed on this wall in the hospital, giving our patients and their families hope.

Steward Plaque

\$7,500

Confidant Plaque

\$10,000

Advocate Plaque

\$15,000

With your generous gift, a plaque with your inscription will be placed on the Wave of Thanks Wall in St. Jude Children's Research Hospital® for a period of 10-years or until the needs of the hospital require the space to be moved or renovated. If the wall is moved or renovated before the plaque has been in place 10 years, a comparable naming opportunity in keeping with the original intent will be provided until the 10-year-mark is reached.

St. Jude **Wave of Thanks Wall** Plaque Request Form

Full Name _____

Street Address _____

City _____

State _____

ZIP _____

(_____) _____

Telephone Number _____

Email _____

- I am giving a gift of \$7,500 for a **Steward Plaque** (4" x 2") to be placed on the Wave of Thanks Wall.
Up to 4 lines of text, maximum 15 characters per line, including punctuation and spacing
- I am giving a gift of \$10,000 for a **Confidant Plaque** (4" x 4") to be placed on the Wave of Thanks Wall.
Up to 5 lines of text, maximum 17 characters per line, including punctuation and spacing
- I am giving a gift of \$15,000 for an **Advocate Plaque** (8" x 4") to be placed on the Wave of Thanks Wall.
Up to 6 lines of text, maximum 20 characters per line, including punctuation and spacing

Choose one: I have enclosed a check in the amount of \$ _____.

Please charge my credit card in the amount of \$ _____.

Visa MasterCard American Express Discover

Card Number _____ Expiration Date _____

Authorizing Signature _____

Please inscribe the plaque as follows:

(Note: Out of respect for our patients and families, the use of birth or deceased dates is discouraged. In addition, please use phrases such as 'In Honor Of', 'In Tribute To', 'Dedicated To' or 'In Celebration Of' instead of 'In Memory'.)

Please print.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Please return to:

ALSAC/St. Jude Children's Research Hospital | Gift Planning Department | 501 St. Jude Place | Memphis, TN 38105

If you have questions, please call 1-800-876-5104 or visit our website stjude.org/naming-opportunities.