



# 2009 Tree of Life

As the holidays approach, we invite you to brighten the season for family members, friends and colleagues by honoring or memorializing someone special by purchasing a Tree of Life ornament. Ornaments will be read and placed on a tree on a Baton Rouge campus. The Baton Rouge Tree of Life event is benefiting the Patient Assistance Fund for Ochsner Medical Center-Baton Rouge and Ochsner Health Centers.

The 2009 ornaments are brass Christmas Trees and may be taken home after the holidays.

## Tree of Life Ceremonies for Baton Rouge are scheduled for

Thursday, December 10, 2009 at 11:30 a.m. in the Atrium Lobby of Ochsner Health Center-Bluebonnet  
Thursday, December 10, 2009 at 3:00 p.m. in the Lobby of Ochsner Medical Center-Baton Rouge

My gift of \$ \_\_\_\_\_ is enclosed. (\$20.00 per ornament or brick purchase option—see reverse.)

Please Charge my credit card: ( ) Amex ( ) Discover ( ) MC ( ) Visa

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

City, State/Zip: \_\_\_\_\_

Phone# \_\_\_\_\_

I plan to attend the Tree of Life Ceremony and wish to hang my ornament: \_\_\_\_\_ Yes \_\_\_\_\_ No

Location: \_\_\_\_\_ Ochsner Health Center Bluebonnet \_\_\_\_\_ Ochsner Medical Center-Baton Rouge

I request that my ornament be: ( ) In Honor of or ( ) In Memory of

\_\_\_\_\_ This name will appear on the card attached to the ornament.

I would like to receive a notification card that I may personalize and send to the honoree or family member of the person being remembered.

( ) Yes ( ) No

Please make checks payable to **Ochsner Clinic Foundation (OCF)**.

Use the back of this form for additional ornaments or a brick purchase.

I request that my ornament be: ( ) In Honor of or ( ) In Memory of

\_\_\_\_\_   
 This name will appear on the card attached to the ornament.

I would like to receive a notification card that I may personalize and send to the honoree or family member of the person being remembered.

( ) Yes ( ) No

I request that my ornament be: ( ) In Honor of or ( ) In Memory of

\_\_\_\_\_   
 This name will appear on the card attached to the ornament.

I would like to receive a notification card that I may personalize and send to the honoree or family member of the person being remembered.

( ) Yes ( ) No

I request that my ornament be: ( ) In Honor of or ( ) In Memory of

\_\_\_\_\_   
 This name will appear on the card attached to the ornament.

I would like to receive a notification card that I may personalize and send to the honoree or family member of the person being remembered.

( ) Yes ( ) No

Yes, I would like to purchase a Pathway Brick.

\_\_\_\_\_   
 Please **circle** one size: \$100-4"x8" \$250-8"x8"

Please spell out inscription exactly as it should appear on your brick. Use one block per character including letters, punctuation, and spaces.

**Maximum 20 characters per line.**


Please mail to:  
Ochsner Medical Center – Baton Rouge  
Attention: Amy Gagliano, Philanthropy  
17000 Medical Center Drive, Baton Rouge, LA 70816  
or fax to 225-755-4439