



2009 Tree of Life



The 2009 New Orleans Tree of Life is dedicated in loving memory of Clifford H. Van Meter, Jr., M.D.

Dr. Van Meter, an internationally renowned surgeon, was the Chief of the Cardiothoracic Surgery & Transplantation Division at Ochsner Medical Center and member of its Board of Directors. During his distinguished career, he performed thousands of cardiac operations, including 300 heart transplants. Dr. Van Meter was passionate about the advancement of mechanical circulatory support as an essential treatment for patients with failing hearts, and his work was key to the development of the left ventricular assist device.

Ornament purchases will benefit the Ventricular Assist Device (VAD) Patient Assistance Fund.

The New Orleans Tree of Life ceremony is scheduled for Friday, December 4, 2009 at 10:00 a.m. in the Atrium Lobby of Ochsner Medical Center

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 New Orleans Tree of Life Ceremony and wish to personally hang my ornament:

Yes _____ No _____

You may also purchase online at www.ochsner.org!

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

_____ *This name will appear on 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 New Orleans brick purchase.**

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

_____ *This name will appear on 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

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() Yes () No

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() 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 Health System
Department of Philanthropy
1514 Jefferson Highway, BH-240
New Orleans, LA 70121
Attention: Special Events
or fax to 504-842-7119.

Questions? Call 504-842-7113.