



FIRST IMPRESSIONS ORDER FORM
W. Steve Worthy Maternity Center

To make a gift, send your tax-deductible contribution with the following information to:
Tanner Medical Foundation
P.O. Box 695
Carrollton, GA 30112

Your name _____ Daytime phone _____

Your mailing address _____

City _____ State _____ ZIP _____

Baby's Name _____

Birth date _____ Boy / Girl

Name of Baby's Parents _____

Parent's Address _____

City _____ State _____ ZIP _____

Style preferred for your keepsake footprint (included in the \$300 order): silver or glass (please circle one)
Additional silver medallions or footprints etched into glass medallion ornaments are available for \$100 each.
Additional number needed _____ silver _____ glass

I've enclosed a check for \$ _____

Please bill my bank card for \$ _____

Circle One: *MasterCard* *VISA* *American Express* *Discover*

CREDIT CARD INFORMATION necessary to process your order

Name on Card (please print): _____

Card Billing Address: _____

City: _____

State: _____

ZIP: _____

Card Number: _____

Security Code (CSC): _____

Expiration date (MM/YYYY): _____