



**FIRST IMPRESSIONS ORDER FORM**  
**W. Steve Worthy Maternity Center**

**To make a gift**, send your tax-deductible contribution with the following information to:

Tanner Health 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): \_\_\_\_\_