

❖ I WOULD LIKE TO ENROLL MY CHILD IN THE STORK CLUB ❖

Please make check for \$100 payable to The Valley Hospital Foundation. If you have more than one child, include \$100 for each along with the following information.

Please print this page, complete the form and mail it with your check to:

The Valley Hospital Foundation, 223 North Van Dien Avenue, Ridgewood, NJ 07450-9982.

CHILD'S NAME

DONOR (IF DIFFERENT FROM PARENTS)

DATE OF BIRTH

ADDRESS

PARENTS

CITY \ STATE \ ZIP

ADDRESS

PHONE

CITY \ STATE \ ZIP

RELATIONSHIP TO CHILD

PHONE

I REMEMBER THE DAY YOU WERE BORN (50 WORDS MAXIMUM)