

Montefiore PLUS Club

Join the Club!

The Montefiore PLUS Club is a FREE membership program for adults ages 55 and older. This program offers special benefits, services and information to help adults stay healthy and active, and makes it easy to receive healthcare services at Montefiore's hospitals and outpatient offices.

To join, call
1-800-MD-MONTE
(1-800-636-6683)

You can now submit your membership application on our Web site. It's easy! Just visit www.montefiore.org/plusclub to join or to learn about our new and improved membership benefits.



Kids' Coloring Contest:

Show Us Your Valentine's Day Cards

Hey kids, help us celebrate Valentine's Day and bring joy into a sick child's life by entering our Valentine's Day Card Coloring Contest! All you have to do to enter is use your imagination to create a unique card that will be given to a patient at The Children's Hospital at Montefiore (CHAM) on Valentine's Day. Write a special poem or message, draw a picture or create a collage with shapes and colors. The possibilities are endless! Cards will be judged on their message, color, detail and overall creativity.

RULES:

All kids 5 through 16 years of age are welcome to send in their original artwork. You must submit your card in a sealed flat

envelope and include your full name on the back of the card. A special prize (valued at \$100) will be awarded for the top entry in each of three age categories: 5-8, 9-12 and 13-16. Winners will also be published in a future newsletter and on our Web site.

The deadline for all entries is February 9, 2009.

TO ENTER:

Complete the form below and mail it with your card to:

Montefiore Medical Center
Marketing Department
Attn: KIDS' CONTEST
111 East 210th Street
Bronx, NY 10467



OFFICIAL ENTRY FORM FOR MONTEFIORE'S VALENTINE'S DAY CARD COLORING CONTEST

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

GENDER: MALE FEMALE AGE NOW: _____ BIRTHDAY: ____/____/____ GRADE: _____

ARE YOU OR HAVE YOU BEEN A PATIENT AT CHAM? YES NO

PARENT'S NAME: _____

PARENT'S SIGNATURE (REQUIRED FOR ENTRY): _____

