

2010 FESTIVAL OF LIGHTS DONATION FORM

You can dedicate a light for this season by donating \$20 for each person or organization that you would like to honor or memorialize. The name will be displayed in the hospital Main Lobby for all to see throughout the year. • A contribution of \$100 per name will illuminate a light for years to come, and we will add the honored or memorialized name to the Eternal Tree plaques permanently displayed in the corridor on the first floor of the hospital.

The Baby Tree, which is located in the Main Lobby of the hospital, will be decorated with personalized ornaments. • For your \$20 donation, we will place an ornament on the tree with your baby's name. • For your donation of \$100, a handcrafted ornament with the name and date of birth of your special child will be placed on the tree. In addition, the name will be added to the permanent Eternal Tree plaque located in the Maternity Department. • This unique ornament will become yours to keep at the close of the season.

Please print this donation form and return your gift information to the Auxiliary. A space is also provided for anyone wishing to make a general donation to the overall celebration of the Festival of Lights. The Auxiliary sincerely appreciates your participation in our event.

PLEASE PRINT CLEARLY

A donation is required for each name; however "Mr. and Mrs. John Doe" will be considered as one name.

In Memory of _____
Title First Name Middle Initial Last Name

In Honor of _____
Title First Name Middle Initial Last Name

For Cancer Survivor _____
Title First Name Middle Initial Last Name

For New Baby _____
First Name Middle Initial Last Name
Male/Female _____
Date of Birth _____

Donated by

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Donation enclosed for Dedication: _____ **My general donation to Festival of Lights:** _____

Method of Payment: Check (Payable to GVH Auxiliary)

Credit Card: VISA M/C Discover

Credit Card #: _____ exp. date _____ security code _____

Name on card _____ Signature _____

Please use the enclosed envelope to send your completed form along with payment to:

Grand View Hospital Auxiliary • Festival of Lights • 700 Lawn Avenue • P.O. Box 902 • Sellersville, PA 18960