2023 FESTIVAL OF LIGHTS DONATION FORM or make your donation online at www.gvh.org/FOL

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.

Dedications to be included in the ceremony on December 6 need to be received by December 1, 2023. All contributions received through January 15, 2024, will benefit the 2023 Festival of Lights.

PLEASE PRINT CLEARLY

A donation is required for each name; however "Mr. and Mrs. John Doe", or "John and Mary Doe" will be considered as one name. Check the box below if honoree is a Veteran.

In Honor ofTitle First Name Middle Initial Last Name Vete For Cancer SurvivorTitle First Name Middle Initial Last Name Vete For New BabyFirst Name Middle Initial Last Name Donated by Name:CityStateZip Phone:Email: Donation enclosed for Dedication:My general donation to Festival of Lights: Method of Payment:Check (Payable to Grand View Auxiliary) Credit Card #:	In Memory of						
Title First Name Middle Initial Last Name Vete For Cancer Survivor		Title	First Name	Middle Initial	Last Name	Veteran	
Title First Name Middle Initial Last Name Vete For Cancer Survivor	In Honor of						
Title First Name Middle Initial Last Name Vete For New Baby		Title	First Name	Middle Initial	Last Name	Veteran	
Title First Name Middle Initial Last Name Vete For New Baby	For Cancer Survivor						
First Name Middle Initial Last Name 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 Grand View Auxiliary) Credit Card: VISA M/C Discover AMEX		Title	First Name	Middle Initial	Last Name	Veteran	
First Name Middle Initial Last Name 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 Grand View Auxiliary) Credit Card: VISA M/C Discover AMEX	For New Baby						
Name:			First Name	Middle Initial	Last Name		
Address:	Donated by						
Phone: Email: Donation enclosed for Dedication: My general donation to Festival of Lights: Method of Payment: Check (Payable to Grand View Auxiliary) Credit Card: VISA M/C Discover AMEX Credit Card #:	Name:						
Donation enclosed for Dedication: My general donation to Festival of Lights: Method of Payment: Check (Payable to Grand View Auxiliary) Credit Card: VISA M/C Discover AMEX Credit Card #:	Address:		City		State Zip		
Method of Payment: Check (Payable to Grand View Auxiliary) Credit Card: VISA M/C Discover AMEX Credit Card #:	Phone:		Email:				
Credit Card: VISA M/C Discover AMEX Credit Card #:	Donation enclosed fo	or Dedico	ation:	My general done	ation to Festival of Lights: _		
	Method of Payment:						
exp. date cvv		Cre	edit Card #:				
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Name on credit card Signature	Name on credit card _		Signature				

Please use the enclosed envelope to send your completed form along with payment to: Grand View Auxiliary • Festival of Lights • 700 Lawn Avenue • P.O. Box 902 • Sellersville, PA 18960 or make a donation online at www.gvh.org/FOL