

DONATION REPLY CARD

"Lights of Love" given in memory of or in honor of:

Name - Please Print _____ Name(s) will appear on display in hospital lobby
For each additional light purchased, please list names on reverse side of form.
\$5.00 Love Light _____ \$25.00 Bright Star _____ \$50.00 Shining Star _____ \$100.00 Star Light
_____ \$ _____ Shooting Star _____ \$1,000.00 Tree of Lights

Total amount enclosed: \$ _____ for _____ Light(s)

Your Name: _____ Phone: _____

Address: _____ Street _____ City _____ State _____ Zip _____

Please make check payable to: The Westerly Hospital Auxiliary, Inc. Contributions are tax deductible
Donations should be mailed to: Westerly Hospital Auxiliary, PO Box 1034, Westerly, RI 02891
Matching gifts from corporations are accepted. Please check with your employer.