



POINTS *of* LIGHT

Sponsored by War Memorial Hospital Auxiliary

Donation Form

Please print out this form and complete the information below.

Please print name(s) of person(s) you wish to honor or memorialize

- | | | |
|----------|--------------------------------|--------------------------------------|
| 1. _____ | <input type="checkbox"/> Honor | <input type="checkbox"/> Memorialize |
| 2. _____ | <input type="checkbox"/> Honor | <input type="checkbox"/> Memorialize |
| 3. _____ | <input type="checkbox"/> Honor | <input type="checkbox"/> Memorialize |
| 4. _____ | <input type="checkbox"/> Honor | <input type="checkbox"/> Memorialize |

Please print:

Name of person to inform _____

Address _____

City _____ State _____ Zip _____

(If there is more than one person to inform, please include name and address on separate sheet of paper)

Card to be signed by _____

I have included \$ _____ for _____ lights (\$5 minimum per person)

Your name _____ Telephone _____

Your address _____

Your city _____ State _____ Zip _____

All proceeds benefit War Memorial Hospital project.

Please mail this form and check to:

Points of Light Celebration
 1 Healthy Way
 Berkley Springs, WV 25411