

MAIL FORM before December 1st to be in listing.

Lights of Love ORDER FORM

Each Light is a \$5 Donation.
(PLEASE PRINT)

HONOREE'S NAME	SEND CARD TO:	
Address (List: City, State, Zip)	How you wish card signed:	
HONOREE'S NAME	SEND CARD TO:	
Address (List: City, State, Zip)	How you wish card signed:	
HONOREE'S NAME	SEND CARD TO:	
Address (List: City, State, Zip)	How you wish card signed:	
HONOREE'S NAME	SEND CARD TO:	
Address (List: City, State, Zip)	How you wish card signed:	

Your Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone () _____

Total amount enclosed: \$

Names received after Friday, Dec. 1st, cannot be guaranteed a listing by the time of the lighting ceremony.

Please make check payable to:

Marion General Hospital

MGH

MAIL TO:

Lights of Love
Marion General Hospital
441 N. Wabash Avenue
Marion, IN 46952-2690

