

Lights of Love ORDER FORM

(PLEASE PRINT)

Honoree's Name

Send card to:

Address, City, State, Zip:

How you wish card signed:

Your Name _____

Address _____

Phone (_____) _____

Total amount enclosed: \$ _____

Please make check payable to: **MARION GENERAL HOSPITAL**
AND SEND TO: LIGHTS OF LOVE

Marion General Hospital
441 North Wabash Avenue
Marion, IN 46952-2690



**Your gift will light up the community...
and someone's heart.**

*Names received after December 1 cannot be guaranteed
a listing by the time of the lighting ceremony.*

MINIMUM TAX DEDUCTIBLE DONATION: \$5.00 PER NAME