

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 Monday, Nov. 30, cannot be
guaranteed a listing by the time of the lighting ceremony.

Please make checks payable to:
Marion General Hospital

MGH

MAIL TO:

Lights of Love

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

