



Please complete the information below and indicate in the boxes on the bottom and on additional pages (if needed) which color light(s) you would like to purchase along with the name(s) of the individual(s) you are honoring. Use additional sheets if necessary. Return completed forms with payment to PO Box 931, Bangor, ME 04402 or purchase securely online at **northernlighthealth.org/LightsofLife.** 

This is a: 🗖 Personal Gift 🛛 Company Gift
Name(s):
Company (if applicable):
Address:
City: State: ZIP: Phone:
Email:
I/We would like to receive Lights of Life tribute cards to send to those I/we have honored. Number of tribute cards requested
Payment Information Check enclosed (payable to Northern Light Health Foundation)
Credit/debit card: OVISA OMasterCard ODiscover
Card # Exp Date/ CVV Code
Signature
(Please note: your Lights of Life purchase will be recorded on your credit card or bank statement as a debit to Northern Light Health Foundation.) nlhflol2023
My gift is to support the Lights of Life Program at the following Northern Light Organization: (Please only select one organization per tribute)
Acadia HospitalAR Gould HospitalCA Dean HospitalEastern Maine Medical CenterHome Care & HospiceInland HospitalMayo HospitalMercy HospitalSebasticook Valley Hospital
This gift is: 🗖 In Honor of: 🗖 In Memory of: Name:
U White (\$10) Red (\$25) Green (\$50) Blue (\$100)
🗖 Orange (\$250) 🔲 Purple (\$500) 🔲 Star (\$1,000) 🗍 Individual Tree - Mercy Only (\$1,500)
Total \$

Total from this page: \$\_\_\_\_\_ Total from additional pages if needed: \$\_\_\_\_\_ Total Enclosed \$\_\_\_\_

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**Lights of Life** 

Page 2

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**Lights of Life** 

Page 3

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