

Please complete the information below and indicate in the boxes on the bottom and on the reverse 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/EMMCLights.

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 cards to send to those I/we have honored.

Number of cards requested _____

Payment Information

Check enclosed (payable to Northern Light Eastern Maine Medical Center Foundation)

Credit/debit card: VISA MasterCard Discover

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.)

emmclo12023

<p>This gift is: <input type="checkbox"/> In Honor of: <input type="checkbox"/> In Memory of: Name: _____</p> <p><input type="checkbox"/> White (\$10) <input type="checkbox"/> Red (\$25) <input type="checkbox"/> Green (\$50) <input type="checkbox"/> Blue (\$100)</p> <p><input type="checkbox"/> Orange (\$250) <input type="checkbox"/> Purple (\$500) <input type="checkbox"/> Star (\$1,000 - Call 207.973.5055 for more information.)</p> <p style="text-align: right;">Total \$ _____</p>

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

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Please add any total from this page to page 1.