

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/AcadiaLights](http://northernlighthealth.org/AcadiaLights).

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 Acadia Hospital 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.)

ahlol2023

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

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<input type="checkbox"/> Green (\$50)	<input type="checkbox"/> Blue (\$100)
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<input type="checkbox"/> Star (\$1,000 - Call 207.973.5055 for more information.)	
Total \$ _____	

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.