



Lights of LOVE

Donation Form

DONOR INFORMATION

Name(s) _____

This gift is anonymous

Mailing Address _____

City _____ State _____ ZIP _____

Phone (____) _____ Cell Home Work

Email _____

PAYMENT

Check made payable to Legacy Medical Foundation in the amount of \$ _____

Charge my credit card in the amount of \$ _____

VISA Mastercard Discover

Card # _____ - _____ - _____ - _____

Exp Date ____ / ____ CSV Code _____

Signature _____

Mail Completed form with payment to:

Legacy Medical Foundation
200 Somerset Street
Millinocket, Maine 04462

For more information, contact Michael Crowley at mcrowley@mrhme.org or (207) 723-7419.

TRIBUTE LIGHTS

Light 1 is In honor of: *or* In memory of:

Name _____

White (\$5) Green (\$10) Red (\$25) Orange (\$50)

Blue (\$100) Purple (\$200) Constellation (\$250, *three available*)

Star (\$500, *only one available, call 723-7419 for information*)

Light 2 is In honor of: *or* In memory of:

Name _____

White (\$5) Green (\$10) Red (\$25) Orange (\$50)

Blue (\$100) Purple (\$200) Constellation (\$250, *three available*)

Star (\$500, *only one available, call 723-7419 for information*)

Light 3 is In honor of: *or* In memory of:

Name _____

White (\$5) Green (\$10) Red (\$25) Orange (\$50)

Blue (\$100) Purple (\$200) Constellation (\$250, *three available*)

Star (\$500, *only one available, call 723-7419 for information*)

Light 4 is In honor of: *or* In memory of:

Name _____

White (\$5) Green (\$10) Red (\$25) Orange (\$50)

Blue (\$100) Purple (\$200) Constellation (\$250, *three available*)

Star (\$500, *only one available, call 723-7419 for information*)

To purchase more than four lights, attach separate sheet.

Total \$ _____