

Lovelights

Leave a light on for a loved one this Holiday Season!



Sponsor a Lovelight in memory of someone who has passed or to honor a special person.

|  | Love | lights | are | \$5 | per | name. |
|--|------|--------|-----|-----|-----|-------|
|--|------|--------|-----|-----|-----|-------|

| Your Name:   |                      |  |  |  |  |  |
|--------------|----------------------|--|--|--|--|--|
| Phone/Email: |                      |  |  |  |  |  |
|              | Name(s) in HONOR of  |  |  |  |  |  |
|              |                      |  |  |  |  |  |
|              |                      |  |  |  |  |  |
|              | Name(s) in Memory of |  |  |  |  |  |
|              |                      |  |  |  |  |  |
|              |                      |  |  |  |  |  |

Payment by cash or check is appreciated (checks payable to The Friends of Vernon Health). Please return the completed form and payment to the Gift Shop or the volunteer desk in the Hospital Lobby or Medical Office Building.

## **Contact Us**

TOTAL: \$

For more information about becoming a Friend of Vernon Health, please contact us at (608) 637-4410 | info@vmh.org | www.vmh.org