

# Mary Washington Hospital Auxiliary *Thirty-Eighth Annual Tree of Lights*

## Donation Form

Please print your name below the way you would like it to be listed in the book.

Donor's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Donation \$ \_\_\_\_\_ (minimum donation of \$20 per light)

### Please Print Clearly

#### In Honor of a loved one who is living

In Honor of: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

#### In Memory of a loved one who is deceased

In Memory of: \_\_\_\_\_

Person to be informed of gift (if desired):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

#### In Honor of a loved one who is living

In Honor of: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

#### In Memory of a loved one who is deceased

In Memory of: \_\_\_\_\_

Person to be informed of gift (if desired):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

### Please mail form and payment via check to:

#### Mary Washington Hospital Auxiliary

**Mary Washington Hospital • 1001 Sam Perry Blvd. • Fredericksburg, VA 22401**

*MWHC Associates and on-site volunteers may drop off the completed form and make payment in the Mary Washington Hospital Gift Shop. The MWH Auxiliary Tax ID# is 75-2985923. For more information, please contact the MWH Volunteer Services office at 540.741.1440.*



**Mary Washington  
Hospital Auxiliary**

**Thank you for your generous support.**

**TreeofLights.mwhc.com**

*Mary Washington Healthcare exists to improve the health of the people in the communities we serve.*