I am purchasing a light (please check one):

 \Box In Honor of, OR, \Box In Memory of

(Print Name of person (s) being honored)

If you would like an acknowledgement card sent, please give the name and address of the person to whom it should be sent:

Name			

Street_____

City/State/Zip_____

Please print your name as you would like it to appear on the hospital lobby display:



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Nathan Littauer Hospital and Nursing Home

AUXILIARY



TREE OF LIGHTS

December 1st

"A symbol of hope and love."



You are cordially invited to purchase lights at a cost of \$5.00 each as a special gift for friends and family in honor or in memory of a loved one.

*T*hose honored and/or memorialized will be listed on display in the Hospital Lobby.

The tree will be lit all through December as a symbol of hope and love. All proceeds go to the Auxiliary's pledge to Nathan Littauer Hospital & Nursing Home.

*T*he Tree of Lights Ceremony is held at The Hospital on December 1st. COVID restrictions at that time may determine a change in schedule.

*F*or more information, contact the Auxiliary at 518.773.5505.

Thank you!



Purchasing Lights for the Tree of Lights is easy! <u>Simply complete the following:</u>

Yes, I'm interested in purchasing a light.

Enter the total Lights Purchased: _____

\$5 each = my total of \$ _____

Your Name_____

Address_____

City/State/Zip_____

Phone _____

Return this form and your remittance to:

Nathan Littauer Hospital & Nursing Home AUXILIARY TREE OF LIGHTS 99 East State Street Gloversville, NY 12078

> Please make checks payable to <u>NLH & NH Auxiliary</u>

Donations will be accepted through December 31st and a list of donors and their honorees will be published in the hospital lobby PLEASE COMPLETE THE FOLLOWING:

Remember, your gift is tax deductible!

Any questions, please contact the Volunteer Services Department, 518-773-5505 I am purchasing a light (please check one):

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(Print Name of person (s) being honored) If you would like an acknowledgement card sent, please give the name and address of the person to whom it should be sent: Name ______ Street City/State/Zip Please print your name as you would like it to appear on the hospital lobby display: I am purchasing a light (please check one): □ In Honor of, OR, □ In Memory of Name of person (s) being honored: If you would like an acknowledgement card sent, please give the name and address of the person to whom it should be sent:

Name			
Street			

City/State/Zip_____

NI -----

Please print your name as you would like it to appear on the hospital lobby display: