



Northside Hospital Celebration of Lights • Donation Form

YES, I want to Light Up the Trees and Brighten Hopes of Local Families Affected by Cancer!

Give by fax: (404) 851-6891 or Give online at www.northside.com

My name (please print): _____

Signature: _____

Address: _____
City State Zip

Email: _____ Phone: _____

Rays of Hope Giving Levels: (2 lights for every \$25)

- \$1,000 \$500 \$250 \$100 \$50 \$25

Enclosed is my gift of \$_____ made payable to the **Northside Hospital Foundation**.

**All gifts are tax-deductible. Thank you!*

Please charge my credit card (\$50 minimum): Visa MasterCard American Express

Card Number: _____ Exp. Date: _____ Last 3 #'s on signature strip: _____

Matching gift form enclosed (my employer or spouse's employer will match this gift)



In Honor OR **In Memory**

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Honor/Memorial Acknowledgement card should be sent to:

Honor/Memorial Acknowledgement card should be sent to:

Name: _____

Name: _____

Email: _____

Email: _____

Address: _____

Address: _____

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