



Light Up A Life Donation Form

Each light represents your special gifts to friends, loved ones, co-workers or employees. Please complete one form for each individual. At your request, we will send a Holiday Acknowledgment to the families of those you wish to remember or to those you choose to honor during this season.

Donor Information

Name(s): _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

- American Express
- Visa
- Discover
- MasterCard
- Money Order
- Check

Card No.: _____ Expiration Date: _____ CW Code: _____

Name on Card: _____

Authorized Signature: _____

Please make checks payable to Stein Hospice. Enclose employer's matching gift form if applicable.

Light Up A Life
Stein Hospice 1200 Sycamore Line
Sandusky, OH 44870

This light is

- In Memory of (name) _____
- In Honor of (name) _____

This name will be printed in our Book of Life

- \$15 White Light
- \$100 Green Light
- \$25 Orange Light
- \$300 Blue Light
- \$50 Red Light

To purchase additional lights please fill out page 2.

Light(s) should be placed on trees in Sandusky Norwalk

This gift will be acknowledged by hospice to a family member or friend at your request.

Send notification of this gift to:

Name: _____

Address: _____

Thank you. We appreciate your support!
Contributions are tax-deductible to the extent permitted by law.
Stein Hospice is a not-for-profit 501(c)(3) organization

Light Up A Life Additional Lights

This light is

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In Honor of (name) _____

This name will be printed in our Book of Life

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\$50 Red Light

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