Northern Light Health℠

Lights of Life

Please complete the information below and indicate in the boxes on the bottom and on additional pages (if needed) which color light(s) you would like to purchase along with the name(s) of the individual(s) you are honoring. Use additional sheets if necessary. Return completed forms with payment to PO Box 931, Bangor, ME 04402 or purchase securely online at **northernlighthealth.org/LightsofLife.**

This is a: ☐ Personal Gift ☐ Company Gift

Name(s):_____

Company (if applicable):_____

Address:_____

City: _____ State:_____ ZIP: _____ Phone: _____

Email: _____

☐ I/We would like to receive Lights of Life tribute cards to send to those I/we have honored.
Number of tribute cards requested_____

Payment Information

☐ Check enclosed (payable to Northern Light Health Foundation)

☐ Credit/debit card: ☐ VISA ☐ MasterCard ☐ Discover

Card # __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __   Exp Date __ __ / __ __   CVV Code_____

Signature_____

(Please note: your Lights of Life purchase will be recorded on your credit card or bank statement as a debit to Northern Light Health Foundation.)

nlhflol2023

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(Please only select one organization per tribute)

☐ Acadia Hospital   ☐ AR Gould Hospital   ☐ CA Dean Hospital
☐ Eastern Maine Medical Center ☐ Home Care & Hospice   ☐ Inland Hospital
☐ Mayo Hospital   ☐ Mercy Hospital   ☐ Sebasticook Valley Hospital

This gift is: ☐ In Honor of: ☐ In Memory of: Name: _____

☐ White ($10)   ☐ Red ($25)   ☐ Green ($50)   ☐ Blue ($100)
☐ Orange ($250)   ☐ Purple ($500) ☐ Star ($1,000)   ☐ Individual Tree - Mercy Only ($1,500)

Total $ _____

Total from this page: $_____ Total from additional pages if needed: $_____ Total Enclosed $_____

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