



# My "Lights of Love" Gift

YES! Here's my "Lights of Love" gift to help Lenoir Memorial Hospital continue providing compassionate care for patients and families who are facing cancer.

Amount Enclosed or Charged: \_\_\_\_\_

*Please make checks payable to  
Lights of Love.*

### Donor Information:

\_\_\_\_\_  
Name (or Names) of person making contribution

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP)

\_\_\_\_\_  
(TELEPHONE NUMBER)

**Please charge my donation to:**

VISA    MasterCard

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Card ID# (3 digits) \_\_\_\_\_

Name of Card Holder \_\_\_\_\_

Telephone # \_\_\_\_\_

Signature \_\_\_\_\_

*Please return this form with your tax-deductible gift to:  
Lights of Love, P.O Box 1678, Kinston, NC 28503.  
If you have questions, please call 252-522-7006. Thank You!*

### Gift 1

Please Print <input type="checkbox"/> In MEMORY of: _____ <input type="checkbox"/> In HONOR of: _____ Send acknowledgement – Name: _____ Address: _____ City/State/Zip: _____	Please (✓) one: <input type="checkbox"/> \$10 Love Light <input type="checkbox"/> \$25 Snowflake Light <input type="checkbox"/> \$50 Candle Light <input type="checkbox"/> \$100 Star Light
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### Gift 2

Please Print <input type="checkbox"/> In MEMORY of: _____ <input type="checkbox"/> In HONOR of: _____ Send acknowledgement – Name: _____ Address: _____ City/State/Zip: _____	Please (✓) one: <input type="checkbox"/> \$10 Love Light <input type="checkbox"/> \$25 Snowflake Light <input type="checkbox"/> \$50 Candle Light <input type="checkbox"/> \$100 Star Light
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### Gift 3

Please Print <input type="checkbox"/> In MEMORY of: _____ <input type="checkbox"/> In HONOR of: _____ Send acknowledgement – Name: _____ Address: _____ City/State/Zip: _____	Please (✓) one: <input type="checkbox"/> \$10 Love Light <input type="checkbox"/> \$25 Snowflake Light <input type="checkbox"/> \$50 Candle Light <input type="checkbox"/> \$100 Star Light
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