

Minimum tax deductible donation is \$5 per light with one name per light. Please complete the form inside this brochure and mail with your check payable to Oconomowoc Memorial Auxiliary to:

“LOVE LIGHT”

Oconomowoc Memorial Hospital
791 Summit Avenue
Oconomowoc, WI 53066-3896

All names of those honored and remembered will be displayed in the Hospital’s first floor visitor’s lobby throughout the holiday season. Names received before November 22 will also be listed on the Auxiliary website and Facebook page.

Contributions will be accepted through the month of December.

The proceeds from this event will be donated to Oconomowoc Memorial Hospital’s Cancer Center to support the following programs: Dody Fund, Cancer Care Therapy and Oncology Financial Assistance Grants.



You are cordially invited to join us at the

TREE LIGHTING CEREMONY

December 7 at 4 p.m.

OCONOMOWOC MEMORIAL HOSPITAL
Conference Center
791 Summit Avenue
Oconomowoc



OCONOMOWOC MEMORIAL AUXILIARY

LOVE LIGHT TREE

Remember a friend or relative this holiday season with a gift of

“LOVE & LIGHT”

Your donation will light a beautiful tree at Oconomowoc Memorial Hospital on Summit Avenue, to shine for all, during the holiday season. A contribution will light a red light in honor of someone special or a white light in memory of a loved one.

A beautiful “Love Light Card”, with the donor’s name, will be mailed to all who are honored and to families of those who are remembered.



Please complete a section for each individual (one person's name per section, please!) A minimum of \$5 is requested for each name.

PLEASE PRINT

Please *print* your name, address and phone number on bottom of page.

Please light a bulb on the Love Light Tree
(one individual per light)

For: _____

From: _____

Please check one:

Red Light – in honor of a friend or relative (living)

White Light – memorial in memory of (deceased)

Send Love Light Acknowledgment Card to:

Name _____

Address _____

City _____ State _____ Zip Code _____

Please light a bulb on the Love Light Tree
(one individual per light)

For: _____

From: _____

Please check one:

Red Light – in honor of a friend or relative (living)

White Light – memorial in memory of (deceased)

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Send Love Light Acknowledgment Card to:

Name _____

Address _____

City _____ State _____ Zip Code _____

PLEASE PRINT

My donation of \$ _____ for the LOVE LIGHT TREE is enclosed.

Your Name *Please print or use an address label* _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

For additional forms or information call Oconomowoc Memorial Hospital Volunteer/Auxiliary Services at (262) 569-0293.

Checks to Oconomowoc Memorial Auxiliary
791 Summit Avenue, Oconomowoc, WI 53066-3896