



THE MEMORIAL HOSPITAL 28th ANNUAL TREE OF LIGHTS

The 2011 Tree of Lights fundraising campaign will benefit our friends and neighbors who receive radiation therapy at the Requard Radiation Oncology Center of Shore Regional Cancer Center in Easton. We have set a goal to raise \$10,000 to purchase equipment for the Cancer Center. Keeping pace with the ever-changing technology used to provide world class cancer care makes it possible for cancer patients to continue to receive the treatments they need close to home.

*Auxiliary of The
Memorial Hospital, Inc.*

*Your donation is tax deductible.
Please ask your employer about
matching gifts.*

Your contributions of \$5 or more will purchase a red or gold light for the holiday tree in front of The Memorial Hospital at Easton. Red lights are tributes to family members and friends, living or deceased. Gold lights honor loved ones serving in the military. A donation of \$100 or more will purchase a white Life Light, which will be illuminated every year. Purchasing an annual light or a Life light is also a unique way to commemorate special occasions, to offer thanksgiving and to show appreciation throughout the year.

To illuminate the Tree of Lights and ensure the highest quality of cancer care in our community, complete the form below and submit your donation to:

Memorial Hospital Auxiliary, 219 S. Washington Street, Easton, Maryland 21601

Thank you for your generosity.

PLEASE PRINT

YOUR NAME _____ PHONE NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF PERSON IN WHOSE HONOR OR MEMORY GOLD (check one) LIGHTS IS GIVEN:

_____ (This name will appear on the scroll)

*If you desire the above person, or someone else, to be informed of your remembrance, please provide the following information:

PERSON TO INFORM _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
CARD TO BE SIGNED _____

AMOUNT ENCLOSED: \$ _____ for _____ No. of lights (\$5.00 Minimum Per Light) \$100 for Life Light

PLEASE PRINT

YOUR NAME _____ PHONE NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF PERSON IN WHOSE HONOR OR MEMORY GOLD (check one) LIGHTS IS GIVEN:

_____ (This name will appear on the scroll)

*If you desire the above person, or someone else, to be informed of your remembrance, please provide the following information:

PERSON TO INFORM _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
CARD TO BE SIGNED _____

AMOUNT ENCLOSED: \$ _____ for _____ No. of lights (\$5.00 Minimum Per Light) \$100 for Life Light