



THE MEMORIAL HOSPITAL 27th Annual TREE OF LIGHTS

Sponsored by The Auxiliary of Memorial Hospital

The 2010 Tree of Lights fundraising campaign will benefit our friends and neighbors who receive radiation therapy at the Requard Radiation Oncology Center in Easton. We have set a goal to raise \$7,000 that will be used to purchase a C-Qual™ Breastboard. For some people, lying flat on their back for a 20-minute radiation therapy session creates discomfort and difficulty breathing. A breastboard, which is placed on the radiation table, elevates the patient's upper body, allowing them to breathe more easily while they remain stable and safe during treatment.

*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:
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