



# POINTS *of* LIGHT

Sponsored by War Memorial Hospital Auxiliary

## 2023 Donation Form

*Please print out this form and complete the information below.*

Please print name(s) of person(s) you wish to honor or memorialize

- |          |                                |                                      |
|----------|--------------------------------|--------------------------------------|
| 1. _____ | <input type="checkbox"/> Honor | <input type="checkbox"/> Memorialize |
| 2. _____ | <input type="checkbox"/> Honor | <input type="checkbox"/> Memorialize |
| 3. _____ | <input type="checkbox"/> Honor | <input type="checkbox"/> Memorialize |
| 4. _____ | <input type="checkbox"/> Honor | <input type="checkbox"/> Memorialize |

**Please print:**

Name of person to inform \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*(If there is more than one person to inform, please include name and address on separate sheet of paper)*

Card to be signed by \_\_\_\_\_

I have included \$ \_\_\_\_\_ for \_\_\_\_\_ lights (\$5 minimum per person)

Your name \_\_\_\_\_ Telephone \_\_\_\_\_

Your address \_\_\_\_\_

Your city \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*All proceeds benefit War Memorial Hospital project.*

**Please mail this form and check to:**

Points of Light Celebration  
 1 Healthy Way  
 Berkley Springs, WV 25411