



CHILDREN'S TREE OF LIGHTS DONATION FORM

Name _____
(Donor's name for program listing – PLEASE PRINT)

Address _____

City _____ State _____ Zip _____

Phone number _____

I would like to help light the Children's Tree of Lights at Akron Children's Hospital.
An acknowledgement will be sent to the individual(s) below informing them of your generosity.

This gift is	In Memory of	In Honor of	In Celebration of
Name of Donor			\$10 blue light
Name of Recipient			\$25 white light
Number attending the Tree Lighting Ceremony			\$50 string of blue lights
Please acknowledge this gift to:			\$100 string of white lights
Name			Other:
Address			(Please give amount)
City		State	Zip

This gift is	In Memory of	In Honor of	In Celebration of
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Name			Other:
Address			(Please give amount)
City		State	Zip

Please mail your completed form(s) with a check for the entire donation to:
The Children's Tree of Lights
Akron Children's Hospital Administration
One Perkins Square
Akron, OH 44308

For more information, please call 330-543-5019