

## DONATION INFORMATION

*Please complete this information sheet and return in the enclosed postage-paid envelope. Items can continue to be sponsored up until December 21<sup>st</sup>. Your donation to the Light the Way campaign is tax deductible. All gifts post-marked by December 31<sup>st</sup> will receive a 2007 income tax receipt.*

**Yes, I would like to sponsor the following light(s) / ornament(s):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$1 – Yellow Light – “just for kids” | <input type="checkbox"/> \$10 – White Light      | <input type="checkbox"/> \$20 – Red Light        |
| <input type="checkbox"/> \$50 – Green Light                   | <input type="checkbox"/> \$100 – Blue Light      | <input type="checkbox"/> \$250 – Gleaming Wreath |
| <input type="checkbox"/> \$500 – Radiant Angel                | <input type="checkbox"/> \$1000 – Guardian Angel | <input type="checkbox"/> \$_____ Other Amount    |



The stars placed on top of the five trees will be named in honour of the top five individuals, clubs, groups or organizations that have made the largest single donation to Light the Way 2007 by Friday – November 30<sup>th</sup>, 2007.

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## DEDICATION INFORMATION

I would like to dedicate a light, wreath or angel:  In Memory of  In Honour of

Name of person(s) item is being dedicated to: \_\_\_\_\_

NOTE: If you are dedicating more than one item, please indicate the corresponding light and name.

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## PAYMENT INFORMATION

Total Enclosed: \$\_\_\_\_\_  Cash  Cheque  VISA  MASTERCARD  AMEX

Card No: \_\_\_\_\_ Expiry: \_\_\_\_\_

Signature: \_\_\_\_\_

Please make the receipt out to the following:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

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## PUBLICATION INFORMATION



NOTE: Unless otherwise notified, the Foundation will print your name (only) and the person being honored in its publications (eg Annual Report, newsletter, donor wall). It does not sell, trade, or exchange donor listings with any other organization. If you do not wish to be recognized publicly, please indicate here:

I would prefer that my donation(s) to the Foundation remain anonymous and not be published in any Foundation publications or listings.

I would like to receive updates via e-mail on the work of the Cumberland Health Care Foundation and upcoming events.

My email address is: \_\_\_\_\_

By donating I would also agree to be a member of the Foundation and in agreement with its Mission and Vision.