

This holiday season I wish to "Light A Life" at Down East Community Hospital

Please reserve a slide (with minimum donation of \$10).

Number of slides: _____ Total donation enclosed: \$ _____

Method of Payment: Check (Payable to Down East Community Hospital) Visa Mastercard

Credit Card # _____ Exp. Date: _____

Signature: _____ Security Code: _____

I wish to "Light A Life"

In honor of (name): _____

In Memory of (name): _____

Your Name: _____ Email: _____ Phone _____

Address: _____ City: _____ State _____ Zip _____

Please mail completed form to Down East Community Hospital, 11 Hospital Drive, Machias, ME 04654
or deliver to the DECH reception desk. Call Julie at 255-0433 if you have any questions.

Please use this area if you need additional space or include a separate piece of paper.

Slide Example

