

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

Please reserve an ornament (with minimum donation of \$10).

Number of ornaments: \_\_\_\_\_ Total donation enclosed: \$ \_\_\_\_\_

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

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_

I wish to "Light A Life":

In honor of (name): \_\_\_\_\_

In memory of (name): \_\_\_\_\_

*For multiple ornaments with dedications, please include the information on the back of this form.*

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please mail completed form to the address below, or deliver to the  
DECH reception desk.

DOWN EAST COMMUNITY HOSPITAL

11 Hospital Drive • Machias, ME 04654 • 207-255-0433



*Thank you!*

*In addition to the ornaments, we will add your loved one to our video that we will show on Facebook.*