

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 DECH) 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 front desk.

Down East Community Hospital
Attn: Light A Life
11 Hospital Drive
Machias, ME 04654



If you have questions please call 207-255-0433

Thank You!