I am purchasing a light (please check one):	I am purchasing a light (please check one):			
☐ In Honor of, OR, ☐ In Memory of	\square In Honor of, OR, \square In Memory of			
(Print Name of person (s) being honored)	(Print Name of person (s) being honored)			
If you would like an acknowledgement card sent, please give the name and address of the person to whom it should be sent:	If you would like an acknowledgement card sent, please give the name and address of the person to whom it should be sent:			
Name	Name			
Street	Street			
City/State/Zip	City/State/Zip			
I am purchasing a light (please check one): In Honor of, OR, In Memory of Name of person (s) being honored:	I am purchasing a light (please check one): In Honor of, OR,In Memory of Name of person (s) being honored:			
If you would like an acknowledgement card sent, please give the name and address of the person to whom it should be sent:	If you would like an acknowledgement card sent, please give the name and address of the person to whom it should be sent:			
Name	Name			
Street	Street			
City/State/Zip	City/State/Zip			
Please print your name as you would like it to appear on the hospital lobby display:	Please print your name as you would like it to appear on the hospital lobby display:			

Nathan Littauer Hospital and Nursing Home

AUXILIARY



TREE OF LIGHTS

December 2nd

"A symbol of hope and love."



You are cordially invited to purchase lights at a cost of \$5.00 each as a special gift for friends and family in honor or in memory of a loved one.

Those honored and/or memorialized will be listed on display in the Hospital Lobby.

The tree will be lit all through December as a symbol of hope and love.

All proceeds go to the Auxiliary's pledge to Nathan Littauer Hospital & Nursing Home.

The Tree of Lights Ceremony will be held at The Hospital on December 2nd. Restrictions at that time may determine a change in schedule.

For more information, contact the Auxiliary at 518.773.5505.

Thank you!



Purchasing Lights for the Tree of Lights is easy! Simply complete the following:

Yes, I'm interested in purchasing a light(s).

Enter the total Lights Purchased:
\$5 each = my total of \$
Your Name
Address
City/State/Zip
Phone

Return this form and your remittance to:

Nathan Littauer Hospital & Nursing Home

AUXILIARY

TREE OF LIGHTS 99 East State Street Gloversville, NY 12078

Please make checks payable to **NLH & NH Auxiliary**

Donations will be accepted through December 31st and a list of donors and their honorees will be published in the hospital lobby PLEASE COMPLETE THE FOLLOWING:

Remember, your gift is tax deductible!

Any questions, please contact the Volunteer Services Department, 518-773-5505

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appear on the hospital lobby display: