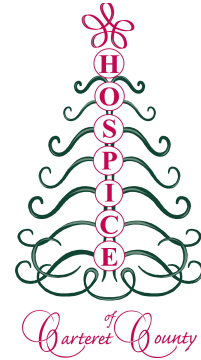




# Tree of Lights 2009 Donation Form



A tax-deductible donation of **\$25.00** or more may be made in memory of a loved one or in honor of a special person in your life. Please complete this form and send it along with your check to:

**Tree of Lights  
Hospice Foundation Fund  
PO Drawer 1619  
Morehead City, NC 28557**

**2009 Festival of Trees  
Holiday Paradise**

All contributions are used to assist Hospice of Carteret County in providing services to patients and their families who face a life threatening illness.

Your Name (please print): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

*(minimum \$25 donation per acknowledgement)*

In Memory of \_\_\_\_\_

or

In Honor of \_\_\_\_\_

**Acknowledgement card will be sent to:**



Name (please print): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**2009 Tree of Lights Sponsor**

**~Medical Park Pharmacy & Home Medical~**

*Store locations in Morehead, Beaufort, Winterville, Greenville*

*All donations received before November 25th, 2009 will be acknowledged on the "Tree of Lights" and displayed during the festival.*

**Make checks payable to: Hospice Foundation Fund**

PO Drawer 1619  
Morehead City, NC 28557  
Phone-252-808-6085 | Fax-252-808-6573 | email-pcarr@ccgh.org



A Division of Carteret General Hospital