

Auxiliary Lights of Love Campaign

Thank you for supporting our volunteer Auxiliary Lights of Love Campaign.
Your donation helps provide updated equipment for patients of OSF HealthCare Holy Family Medical Center.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Would you like your donation made in honor or memory of a special person?

Please include first and last name. A minimum donation of \$5.00 per name is suggested, however donations of any amount are accepted. *Please print names. Please include married couples on one line.

<i>In Honor Of: (living)</i>	<i>In Memory Of: (deceased)</i>

*If you require additional space, please use the back of this page and check this box

While donations of any amount are appreciated, special levels of giving are as follows:

- | | |
|--|---|
| <i>Benefactor level</i> – Contributors of \$50-\$99 | <i>White Sponsor</i> – Contributors of \$100-\$249 |
| <i>Red Sponsor</i> – Contributors of \$250-\$499 | <i>Silver Sponsor</i> – Contributors of \$500-\$999 |
| <i>Gold Sponsor</i> – Contributors of \$1000 and above | |

Donation Details:	Amount Enclosed: \$ _____
	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
	If credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Card Number: _____	Exp Date: _____ CVC: _____
Signature: _____	Date: _____

**Please return your donation to: "Lights of Love", C/O Wendy Allaman
OSF HealthCare Holy Family Medical Center, 309-734-1404**

Thank you for your support!