

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

Please reserve a slide (with minimum donation of \$10).

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

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

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

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

I wish to "Light A Life"

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

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

Your Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone \_\_\_\_\_

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

Please mail completed form to Down East Community Hospital, 11 Hospital Drive, Machias, ME 04654  
or deliver to the DECH reception desk. Call Julie at 255-0433 if you have any questions.

Please use this area if you need additional space or include a separate piece of paper.

*Slide Example*



IN MEMORY OF

My Uncle

Stephen McLean

Your Loving Niece Julie

