

LIGHT UP A LIFE 2011

YES, I WISH TO SUPPORT HOSPICE OF THE NORTH COAST WITH A LIGHT UP A LIFE GIFT OF:

- \$25 \$50 \$75 \$100 \$500 \$1,000
 \$2,500 \$5,000 \$10,000 \$25,000 Other Amount \$ _____

Contributors of \$100 or greater will receive a personalized Light Up A Life ornament.

- Please do not send an Ornament
 Yes, please send an Ornament
 Please personalize my Ornament: _____

(Print your Personalization up to 20 characters)

**Sponsors will be contacted by HNC to arrange personalization of Memory tiles.*

SPONSOR/DONOR NAME: _____

- Please keep my gift anonymous

DONOR INFORMATION

Name _____
Last Name _____
Address _____
City _____
State, ZIP _____
Home Phone _____
Work/Cell Phone _____
Email _____

MY GIFT IS IN MEMORY OF

PLEASE NOTIFY THE FOLLOWING PERSON OF MY GIFT (DONATION AMOUNT WILL NOT BE SPECIFIED).

Name _____
Address _____
City _____
State _____ ZIP _____
Home Phone _____

ATTENDANCE

- I will be attending *Light Up A Life* I will be attending with (# of guests): _____

PAYMENT DETAILS

- Check
 Credit Card VISA M/C AmEx Discover
Name on Card _____
Card Number _____
Expiration Date _____
Security Code _____

PLEASE RETURN THIS FORM TO:

HOSPICE OF THE NORTH COAST, 2525 Pio Pico Drive, Suite 301, Carlsbad, CA 92008

Thank you for your support!

Tax ID: 95-3646269