

Giving Opportunities

Red Light (*in honor*) \$50 each X ____ = _____
White Light (*in memory*) \$50 each X ____ = _____
Ornament \$100 each X ____ = _____
Nutcracker \$250 each X ____ = _____
Angel \$500 each X ____ = _____
Star \$1,000 each X ____ = _____
Endowed Light \$2,500 each X ____ = _____
TOTAL: \$ _____

Please complete the Honor/Memorial information at right and mail this form to

Conway Regional Health Foundation
2302 College Avenue
Conway, AR 72034

or visit www.ConwayRegional.org/TributeTree for more information.

Donor Information

Dr / Mr / Mrs / Ms (circle one)

Donor's Name _____

Spouse's Name _____

Organization Name _____

Address* _____

City _____ State _____ Zip _____

Email _____

Phone _____

**your tax receipt will be sent to this address*

Payment Information

Check Enclosed
(Payable to Conway Regional Health Foundation)

Charge to my
 Visa Mastercard American Express Discover
Card # _____ Exp. _____
Name on Card _____
Signature _____

Payroll Deduct (*Conway Regional employees only*)
\$ _____ (*min. \$15 per pay period until paid in full*)

Emp. No. _____ Dept. _____

Work Phone _____

Honoree or In Memoriam Information

Light (\$50) Ornament (\$100)
 Nutcracker (\$250) Angel (\$500)
 Star (\$1,000) Endowed Light (\$2,500)
 in honor of OR in memory of

Name

Address

City State Zip

by _____
(list your name(s) as they should appear on honoree list)

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