

Tribute Tree



CONWAY REGIONAL
HEALTH FOUNDATION

Donor Information

Dr. / Mr. / Mrs. /Ms. (circle one)

Donor's Name

Spouse's Name

Organization Name

Address*

City

State

Zip

E-mail

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 Number

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

*Please complete the Honor/Memorial information on the reverse side and
mail the envelope provided or visit
www.ConwayRegional.org/TributeTree.*

Honoree or In Memoriam Information

I would like to honor or remember the following people as indicated below:

in honor of OR in memory of

Name _____

Light (\$25)

Ornament (\$100)

Nutcracker (\$250)

Angel (\$500)

Star (\$1,000)

Endowed Light (\$2,500)

in honor of OR in memory of

Name _____

Light (\$25)

Ornament (\$100)

Nutcracker (\$250)

Angel (\$500)

Star (\$1,000)

Endowed Light (\$2,500)

in honor of OR in memory of

Name _____

Light (\$25)

Ornament (\$100)

Nutcracker (\$250)

Angel (\$500)

Star (\$1,000)

Endowed Light (\$2,500)

in honor of OR in memory of

Name _____

Light (\$25)

Ornament (\$100)

Nutcracker (\$250)

Angel (\$500)

Star (\$1,000)

Endowed Light (\$2,500)

Please add items above and enter totals here:

| | | | |
|-------------------------|--------------|---|---|
| Red Light (in honor) | \$25 each | X | = |
| White Light (in memory) | \$25 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 TRIBUTE TREE DONATION \$ _____

Please complete your contact/payment information on the reverse side.