



**CONWAY REGIONAL
HEALTH FOUNDATION**



*Tribute Tree
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 _____

*Please complete the Honor/Memorial information
on the reverse side and mail in the envelope provided.*

*Visit www.ConwayRegional.org/TributeTree
for more information.*

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

- Light (\$25) Ornament (\$100)
 Nutcracker (\$250) Angel (\$500)
 Star (\$1,000) Endowed Light (\$2,500)

in honor of OR in memory of

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

- Light (\$25) Ornament (\$100)
 Nutcracker (\$250) Angel (\$500)
 Star (\$1,000) Endowed Light (\$2,500)

in honor of OR in memory of

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

- Light (\$25) Ornament (\$100)
 Nutcracker (\$250) Angel (\$500)
 Star (\$1,000) Endowed Light (\$2,500)

in honor of OR in memory of

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

- 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.