



Lake Chelan Health
Guild 'B'

Lights of Love

I want to help light up Lake Chelan Health by giving:

\$250 \$200 \$150 \$100 \$50 \$25 Other \$_____

Name _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Email _____

My donation to Lights of Love is for _____

Please print name of honoree above

Please circle a reason or write in your own:

In Memory of In Appreciation In Recognition As a Gift Other _____

Please notify the honoree or his/her family at the address below about my gift:

Name _____

Address: _____

City _____ State _____ Zip _____

Please make your check Payable to Lake Chelan Health - Guild B and mail to:

P.O. Box 2177, Chelan, WA 98816

Donations are tax deductible, and all proceeds go directly to the hospital.

We accept donations throughout the year, however, to ensure holiday notification of your gift,

Please send your donation by December 10th.

Thank you for supporting Lake Chelan Health Guild B