

Lights of Love



sponsored by the Park Ridge
Auxiliary

All members of the community are invited to purchase **Lights Of Love** as a special gift for friends or family, in memory of a loved one, in celebration of a birth, or just a "thinking of you" message. All proceeds benefit the Unity Health System. The **Lights of Love** trees will be lighted throughout the Christmas and Hanukkah season as a symbol of hope and love. To purchase lights, please use the form below, or call the Park Ridge Auxiliary Office at 723-7102 for more information.

The tree lighting will take place the first Thursday in December at 7 PM.

Please join us for the lighting ceremony and reception in the Lecture Hall of the Educational Facility at Unity Hospital.

Thank you for supporting the **Lights of Love**.

Enclosed is a gift of \$ _____ for _____ lights.

From: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

In Memory of: _____

In Honor of: _____

(PLEASE PRINT name as you wish it to appear in the Keepsake Book)

Please acknowledge this gift to: _____

Address: _____ City: _____ State: _____ Zip: _____

Please enclose **\$8.00** per light and make checks payable to:

Park Ridge Auxiliary Lights of Love
1555 Long Pond Road
Rochester, NY 14626

For each additional light purchased, please list those to be honored/memorialized on the back of this form.

In Memory of: _____

In Honor of: _____

(PLEASE PRINT name as you wish it to appear in the Keepsake Book)

Please acknowledge this gift to: _____

Address: _____ City: _____ State: _____ Zip: _____

In Memory of: _____

In Honor of: _____

(PLEASE PRINT name as you wish it to appear in the Keepsake Book)

Please acknowledge this gift to: _____

Address: _____ City: _____ State: _____ Zip: _____

In Memory of: _____

In Honor of: _____

(PLEASE PRINT name as you wish it to appear in the Keepsake Book)

Please acknowledge this gift to: _____

Address: _____ City: _____ State: _____ Zip: _____

In Memory of: _____

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Address: _____ City: _____ State: _____ Zip: _____

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Please acknowledge this gift to: _____

Address: _____ City: _____ State: _____ Zip: _____