



Light of Life Donation Form
to benefit *Cape Fear Valley Health Foundation – Grateful Patient Program*

I wish to sponsor a light for: 1 season for \$25 Lifetime for \$250

In Honor of: _____

Or

In Memory of: _____

Donor name

Phone number

Email

Donor Mailing Address

Name as you would like it listed for donor recognition, if different from above

Name of person to receive acknowledgement of your gift: _____

Address: _____

I do not wish to purchase a light but would like to make a donation: *(please circle one)*

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

Total amount enclosed \$ _____

Credit card payment: Visa Mastercard American Express

Cardholder Name: _____

Card Number: _____ Exp. Date: ____/____/____

Please make checks payable to:

Cape Fear Valley Health Foundation

PO Box 87526, Fayetteville, NC 28304

Life of Life can be noted in the memo area of your check.

This form can be duplicated for additional light sponsorships.