



# lights of love

Thank you for your support of the Munising Memorial Hospital Auxiliary's Lights of Love celebration. Please print this form, complete the below information, and return with your check by **Friday, Nov. 27<sup>th</sup>** to ensure your loved ones are included in the program book and on the commemorative wall hanging. **\$5 donation per name.**

### In Memory of:

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### In Honor of:

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**Total Enclosed:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

*Please join us for the Tree Lighting and Ceremony on:*

**Sunday, December 6th**

**7:00PM**

**Refreshments will be served.**

For additional information, Please contact:

Carelene Hardwick

553-4913

Connie Dust

452-6535

Please mail from with your check to:

Munising Memorial Hospital Auxiliary

C/O MMH

1500 Sand Point Rd.

Munising, MI 49862