

LIGHTS FOR LIFE DONATION FORM

You may complete this form online or download and copy the form at fhauxinc.org.

Please check here if you **DO NOT** want this information published in the LIGHTS FOR LIFE Souvenir Booklet

We will send an announcement of your LIGHTS FOR LIFE recognition if you provide a recipient's name and address.

Please email the downloaded form to Darlene_24949@msn.com and pay online or mail it to the address below.

or

Mail the completed form, with the payment, to: Fauquier Hospital Auxiliary, Inc. (please include LIGHTS FOR LIFE in the memo section),
53 Main Street Unit 977, Warrenton, VA 20186

DONOR Name (as it should appear in the booklet): _____ Address: _____ Phone Number: _____ Email: _____
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Honorees, Memorials, and Donations (no honorees) Please list all honoree and memorial names as they should appear in our souvenir booklet.	Announcements (If this section is blank, an announcement will not be sent)
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1 check one: <input type="checkbox"/> Honor <input type="checkbox"/> Memory <input type="checkbox"/> Donation Name: _____	1 Recipient: _____ Address: _____ _____
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2 check one: <input type="checkbox"/> Honor <input type="checkbox"/> Memory <input type="checkbox"/> Donation Name: _____	2 Recipient: _____ Address: _____ _____
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3 check one: <input type="checkbox"/> Honor <input type="checkbox"/> Memory <input type="checkbox"/> Donation Name: _____	3 Recipient: _____ Address: _____ _____
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4 check one: <input type="checkbox"/> Honor <input type="checkbox"/> Memory <input type="checkbox"/> Donation Name: _____	4 Recipient: _____ Address: _____ _____
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5 check one: <input type="checkbox"/> Honor <input type="checkbox"/> Memory <input type="checkbox"/> Donation Name: _____	5 Recipient: _____ Address: _____ _____
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6 check one: <input type="checkbox"/> Honor <input type="checkbox"/> Memory <input type="checkbox"/> Donation Name: _____	6 Recipient: _____ Address: _____ _____
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7 check one: <input type="checkbox"/> Honor <input type="checkbox"/> Memory <input type="checkbox"/> Donation Name: _____	7 Recipient: _____ Address: _____ _____
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8 check one: <input type="checkbox"/> Honor <input type="checkbox"/> Memory <input type="checkbox"/> Donation Name: _____	8 Recipient: _____ Address: _____ _____
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