



Honor a friend, family member or coworker with Lights of Love:



WHITE LIGHTS are in memory of those no longer with us.



RED LIGHTS are in appreciation of those who are living.



BLUE LIGHTS are to honor our health care heroes and those who serve our country.

(One tribute name and acknowledgment card per bulb.)

Prices:

Lights of Love bulbs are \$5 each.
Or purchase a strand of lights: 25 lights for \$125,
50 lights for \$250 or 100 lights for \$500.

To purchase lights:

Complete the form and send with your payment to:

SSM Health St. Mary's Hospital - Madison Volunteer Services (Lights of Love)

700 S. Park Street
Madison, WI 53715

Make checks payable to: **SSM Health St. Mary's Hospital Madison Auxiliary**

Additional order forms are available by photocopying this page or online at ssmhealth.com/LoveLightsMadison

PLEASE PRINT CLEARLY.

Your Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

Email: _____

Credit Card: VISA MASTERCARD

Card #: _____

Exp. date: ____ / ____ CVC # (back of card): _____

Signature: _____

Enclosed is my gift of \$_____ toward the Lights of Love program.

LIGHT(S): White Red Blue in honor of:

Please send acknowledgment card to:

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

LIGHT(S): White Red Blue in honor of:

Please send acknowledgment card to:

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

LIGHT(S): White Red Blue in honor of:

Please send acknowledgment card to:

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

LIGHT(S): White Red Blue in honor of:

Please send acknowledgment card to:

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

LIGHT(S): White Red Blue in honor of:

Please send acknowledgment card to:

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

LIGHT(S): White Red Blue in honor of:

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Name: _____

Address: _____

City: _____ State: ____ Zip: _____