



2025 Tree of Love Donation Form

Donor Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Please add me to your email contact list. Email: _____

Ornament Sponsorships

GIVING LEVELS	NAME TO BE HONORED	ACKNOWLEDGMENT CARD
<input type="checkbox"/> \$10 Small Multicolored Ornament <input type="checkbox"/> \$20 Pink Ornament <input type="checkbox"/> \$30 Deluxe Red Ornament <input type="checkbox"/> \$40 Premium Metal Ornament <input type="checkbox"/> Other Donation Amount \$ _____	NAME: _____ _____ <input type="checkbox"/> In honor of (living) <input type="checkbox"/> In memory of (deceased)	<input type="checkbox"/> Please send an acknowledgment card to: NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
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Additional donation forms may be printed from: MMCGalena.org/TOLForm

Midwest Medical Center Auxiliary Foundation | One Medical Center Drive, Galena, IL 61036 815-777-6056
 Visit our *Whispering Willow Gift Shop*, located at Midwest Medical Center

Your donation to the Midwest Medical Center Auxiliary Foundation is a tax-deductible gift as permitted by law.

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