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
❑ $10 Small Multicolored Ornament ❑ $20 Pink Ornament ❑ $30 Deluxe Red Ornament ❑ $40 Premium Metal Ornament ❑ Other Donation Amount $_____	NAME:_____ _____ ❑ In honor of (living) ❑ In memory of (deceased)	❑ Please send a notification of this gift to: NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
GIVING LEVELS	**NAME TO BE HONORED**	**ACKNOWLEDGMENT CARD**
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Additional donation forms may be printed from: **MMCGalena.org/TOLForm**

Midwest Medical Center Auxiliary | 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 is a tax-deductible gift as permitted by law.

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