Aspirus Riverview Foundation

Journey into Lights of Love

Lights of Love Tree Lighting
LIGHT ORDER FORM

Return by October 31, 2022, to be recognized in the event.

Donor Name(s) _____

Address _____

City, State, Zip _____

Email _____

Phone Number _____

THANK YOU *for your generous donation and support of our local patients and efforts focused on improving our community's top health needs!*

Name *PLEASE PRINT CLEARLY. Attach additional sheet if needed.*	**In Memory**	**In Honor**		DONATION LEVELS **Traditional $3**	**Silver $25**	**Gold $100**

Please complete the form and mail with your cash or check (*payable to Aspirus Riverview Foundation*) to: Lights of Love – Aspirus Riverview Foundation
410 Dewey Street, Wisconsin Rapids, WI 54494