

SPONSOR A LIGHT INFORMATION

Please print clearly:

Your Name: _____

Your Address: _____

Your City: _____ Your State: _____ Your Zip Code: _____

Your Phone Number or E-mail: _____

SPONSOR INDIVIDUAL LIGHTS AT \$5.00 EACH.

Please enter each tribute on a separate line and print clearly.

★ Name as it should appear on the star: _____ This is a Memorial Honorarium

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Continued on reverse side →



TRIBUTE GIFT INFORMATION

PAY TRIBUTE WITH A GIFT OF \$25.00 OR MORE
WE WILL NOTIFY THOSE YOU DESIGNATE WITH A SPECIAL HOLIDAY CARD

Please enter each tribute on a separate line and print clearly.

★ Name as it should appear on the star: _____ This is a Memorial Honorarium

Send the special holiday card to: _____

Address: _____

How my/our name(s) should appear on the holiday card (e.g. Grandma, Bob and Sue, Aunt Ellen):

★ Name as it should appear on the star: _____ This is a Memorial Honorarium

Send the special holiday card to: _____

Address: _____

How my/our name(s) should appear on the holiday card (e.g. Grandma, Bob and Sue, Aunt Ellen):

★ Name as it should appear on the star: _____ This is a Memorial Honorarium

Send the special holiday card to: _____

Address: _____

How my/our name(s) should appear on the holiday card (e.g. Grandma, Bob and Sue, Aunt Ellen):

Total number of lights sponsored: _____ at \$5 contribution per star = \$ _____

Total number of tribute gifts: _____ at \$25 or more each contribution = \$ _____

Please accept an additional holiday contribution to support the children's programs = \$ _____

TOTAL ENCLOSED: \$ _____

If you have additional names for lights or tributes, please list on a separate sheet of paper.

Please make checks payable to: Cedarcrest Center

Please send your check and this form to: 91 Maple Avenue, Keene, NH 03431

For more information or to make your contribution with a credit card,
please contact Patty Farmer at 603-358-3389.

Thank you for your thoughtfulness and support this holiday season.