**Cedarcrest 2020 Sponsor a Holiday Light Form**

**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.**

Gold and silver stars will hang at Cedarcrest for those named. Please enter each person to be honored on a separate line and print clearly.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **✯** | **Name as it should appear on the star:** | | |  | This is a ❒ Memorial ❒ Honorarium | | |
|  |  | | | | | | |
| Shall we notify someone of your gift? Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
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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.

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| **✯** | **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): | | | | | | | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
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|  | Address: |  | | | | | | | |
|  | How my/our name(s) should appear on the holiday card (e.g. Grandma, Bob and Sue, Aunt Ellen): | | | | | | | | |
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|  | | |  | |  | | | |  |
| Total number of lights/stars sponsored: | | |  | | at $5 contribution per light/star = | | | | $ |
| Total number of tribute gifts: | | |  | | at $25 or more each contribution = | | | | $ |
| Additional holiday contribution to support the children’s programs = | | | | | | | | | $ |
| **TOTAL ENCLOSED:** | | | | | | | | | $ |

If you have additional names for lights/stars 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***

**Thank You!**

For more information or to make your contribution with a credit card,

please contact Patty Farmer at 603-358-3389.