

**Donate Online!**



**authoracare.org/light**

**To donate by mail, please fill out the form below.**

**Donor Information**

Please mail this order form with payment in the enclosed envelope.

Donation Amount \$ \_\_\_\_\_ Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Payment Type:  MasterCard  Visa  American Express  Discover  Check

Please make checks payable to: AuthoraCare Foundation.

Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ SEC Code \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Signature \_\_\_\_\_

**Please place a light on our  
Hospice Tree of Remembrance:**

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Donor's Name(s) \_\_\_\_\_

Please let this person know about my gift:

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Please place a light on our  
Hospice Tree of Remembrance:**

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Donor's Name(s) \_\_\_\_\_

Please let this person know about my gift:

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Please place a light on our  
Hospice Tree of Remembrance:**

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Donor's Name(s) \_\_\_\_\_

Please let this person know about my gift:

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Please place a light on our  
Hospice Tree of Remembrance:**

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Donor's Name(s) \_\_\_\_\_

Please let this person know about my gift:

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

*Use reverse for additional remembrances.*

The deadline for remembrances to be included in the program is **Tuesday, December 1.**

# Remember or honor someone special with a gift to Light Up A Life this holiday season.

Your contribution to Light Up A Life will place a symbolic light on our Hospice Trees of Remembrance, located at 914 Chapel Hill Rd. in Burlington and at the Kontoor Brands Building, 400 N. Elm St., in Greensboro. Beginning Friday, Dec. 4, 2020, the trees will be lit and luminaries will line the entrance to the Hospice Home and Beacon Place. Each symbolizes those patients currently there, as well as those served in past years.

All donors will receive a Light Up A Life thank you card, and all honorees and remembered families will receive a Light Up A Life notification card. This year's card is pictured to the right. Gifts may be made through December 31. Your light will shine on our Hospice Trees of Remembrance beginning Friday, December 4.



## Please place a light on our Hospice Tree of Remembrance:

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Donor's Name(s) \_\_\_\_\_

Please let this person know about my gift:

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

## Please place a light on our Hospice Tree of Remembrance:

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Donor's Name(s) \_\_\_\_\_

Please let this person know about my gift:

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

## Please place a light on our Hospice Tree of Remembrance:

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Donor's Name(s) \_\_\_\_\_

Please let this person know about my gift:

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

## Please place a light on our Hospice Tree of Remembrance:

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Donor's Name(s) \_\_\_\_\_

Please let this person know about my gift:

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

*A minimum donation of \$10 is suggested; however, all gifts are welcome. Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 888.830.4989. The license is not an endorsement by the State of North Carolina. If you no longer wish to receive fundraising communications from AuthoraCare, please contact the vice president of marketing and development at 336.621.2500.*