SAVE TIME, DONATE ONLINE!

Make a fast, easy, and secure credit card donation at authoracare.org/light

TO DONATE BY CHECK, PLEASE FILL OUT AND MAIL THE FORM BELOW.

DONOR INFORMATION Please mail this o	order form with payment in the enclosed envelope.	
Donation Amount \$ Full N	lame	
Address		
City	State Zip Code	
Phone Email _		
Please make checks payable to: AuthoraCare Foundation.		
Please place a light on our Hospice Tree of Remembrance:	Please place a light on our Hospice Tree of Remembrance:	
In Memory of	In Memory of	
In Honor of		
Donor's Name(s)		
Please let this person know about my gift:	Please let this person know about my gift:	
Name(s)		
Address		
City		
State Zip Code	Zip Code	
Please place a light on our Hospice Tree of Remembrance:	Please place a light on our Hospice Tree of Remembrance:	
☐ In Memory of	In Memory of	
☐ In Honor of	In Honor of	
Donor's Name(s)		
Please let this person know about my gift:	Please let this person know about my gift:	
Name(s)	Name(s)	
Address		
City		
State Zip Code		

Use reverse for additional remembrances.



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 918 Chapel Hill Rd. in Burlington and at the The Lusk Center, 2501 Summit Ave. in Greensboro. **Beginning Friday, December 1, 2023**, 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 on the right. **Gifts may be made through December 31, 2023.**



Please place a light on our Hospice Tree of Remembrance:	Please place a light on our Hospice Tree of Remembrance:
In Memory of	☐ In Memory of
In Honor of	☐ In Honor of
Donor's Name(s)	Donor's Name(s)
Please let this person know about my gift: Name(s)	Please let this person know about my gift: Name(s)
Address	Address
City	City
State Zip Code	State Zip Code
Please place a light on our Hospice Tree of Remembrance:	Please place a light on our Hospice Tree of Remembrance:
Hospice Tree of Remembrance:	Hospice Tree of Remembrance:
Hospice Tree of Remembrance: In Memory of	Hospice Tree of Remembrance: In Memory of
Hospice Tree of Remembrance: In Memory of In Honor of	Hospice Tree of Remembrance: In Memory of In Honor of
Hospice Tree of Remembrance: In Memory of In Honor of Donor's Name(s)	Hospice Tree of Remembrance: In Memory of In Honor of Donor's Name(s)
Hospice Tree of Remembrance: In Memory of In Honor of Donor's Name(s) Please let this person know about my gift:	Hospice Tree of Remembrance: In Memory of In Honor of Donor's Name(s) Please let this person know about my gift:
Hospice Tree of Remembrance: In Memory of	Hospice Tree of Remembrance: In Memory of

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.