

Continue a tradition

IN YOUR COMMUNITY

by sponsoring a light on the tree in honor or memory of someone you love. Proceeds benefit the Mahaska Health Foundation and the Cancer Care and Infusion Center at Mahaska Health.

Name _____ HONOR _____ MEMORY

Name _____ HONOR _____ MEMORY

Name _____ HONOR _____ MEMORY

Please join us on **Monday, November 30th at 5:30 PM** as we light the tree and recognize our honorees and memorials. If you desire the above person(s) or someone else to be informed of your remembrance, please provide the following information:

NAME OF PERSON TO INFORM _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

If there is more than one person to inform, please list on reverse card. To be signed by:

Name

I HAVE ENCLOSED \$ _____ FOR # _____ LIGHT(S)
(\$25 for the first light, \$20 for every additional light)

YOUR NAME _____

TELEPHONE NUMBER _____

YOUR ADDRESS _____

CORPORATE SPONSORSHIP LEVELS

Bells: \$750 Bows: \$500 Tinsel: \$250



QUESTIONS,

call 641.672.3361

MAKE CHECKS PAYABLE

to Mahaska Health Foundation
and mail to: 1229 C Ave E,
Oskaloosa, IA 52577



mahaskahealth
FOUNDATION