

Since the first tree lighting in 1984, funds totaling more than \$400,000 have been donated to support areas such as:

- Cape Fear Valley Heart & Vascular Center
- Cape Fear Valley Blood Donor Center
- Cape Fear Valley Cancer Center
- Cape Fear Valley Sleep Center
- Cape Fear Valley Diabetes & Endocrine Center
- LifeLink
- Cape Fear Valley Children's Center
- Women's Services
- Senior Health Services
- Behavioral Health Care
- Cape Fear Valley Rehabilitation Center



**CAPE FEAR VALLEY
HEALTH FOUNDATION**

P.O. Box 87526

Fayetteville, NC 28304

(910) 615-1285

www.capefearvalley.com/foundation

Touching the lives of people you love.



26th Annual

Light of Life



**CAPE FEAR VALLEY
HEALTH FOUNDATION**

On Sunday, Dec. 6, Cape Fear Valley Health Foundation will present the 26th annual Light of Life Tree Lighting Ceremony at Cape Fear Valley Medical Center.

You can honor or memorialize a friend or family member by sponsoring a light on the tree. Their name, as well as the donor's, will appear in the Light of Life Program. Persons honored, family members of those memorialized, as well as contributors, will receive an invitation to the tree lighting ceremony and reception.

Your contributions to the Light of Life program help make it possible to provide additional services and comforts to patients within the health system.

Donations can be given at any time to the tree lighting program, but to be acknowledged in the program, contributions must be received in the Foundation office no later than Friday, Nov. 6. A copy of the program is available on the day of the tree lighting ceremony and thereafter in the Foundation office on weekdays from 9 a.m. to 5 p.m.

You can honor or memorialize a friend or family member for one season for a donation of \$10. A Lifetime light can be sponsored for \$100.

Your donation is tax deductible to the full extent allowed by law.

If you wish to have your name removed from the list of those receiving communications to raise funds for Cape Fear Valley Health Foundation, please write to us at the address in this brochure.

Name of Sponsor _____

Address of Sponsor _____

Name of Honoree _____

Address of Honoree _____

Name of Memorialized _____

Address of Memorialized _____

Name of Family Member _____

Address of Family Member _____

I wish to purchase a light for: *(please circle one)*

1 season (\$10) Lifetime (\$100)

I do not wish to purchase a light but would like to make a donation: *(please circle one)*

\$25 \$50 \$100 \$150 \$200 \$250 \$300 \$350 \$400 \$450 \$500 Other \$_____

Total Amount Enclosed: \$_____

Credit Card Payment: *(please circle one)*

Visa MasterCard American Express

Cardholder Name: _____

Card Number: _____ Expiration Date: _____

Please make checks payable to:

Cape Fear Valley Health Foundation

P.O. Box 87526, Fayetteville, NC 28304

Light of Life Tree Lighting Ceremony can be noted in the memo area of your check.



**CAPE FEAR VALLEY
HEALTH FOUNDATION**

This form can be duplicated. Additional forms are available at the Foundation Office located in the Medical Arts Center or online at www.capefearvalley.com/foundation.