



My "Light Up A Life" Gift...

YES! Enclosed is my gift
for the "Light Up A Life" holiday light
display benefiting Bethesda North
patients and their families:

\$25 \$50 \$75 \$100 Other \$ _____

Please return this slip with your tax-deductible gift to:
Bethesda Foundation, P.O. Box 633597, Cincinnati, OH 45263-3597. Thank you!
If you wish to have your name removed from the mailing list please check this box

Please Contact: Diana Fogel @ 513.865.1617 or bethesdafoundation@trihealth.com

Please charge my contribution to:

VISA MasterCard American Express

Credit Card # _____ Exp. Date _____

Name as it appears on card _____

Signature _____ Security Code _____

Please convert cash to check or money order.

Payroll Deduction

Please deduct the equivalent of one pay per pay period for the next ____ period(s).
Cannot exceed 4 pay periods.

Name _____

Employee # _____ Department Name _____

One recognition per \$25.00 gift

Gift 1—Please Print

In memory of honor of: _____

Send acknowledgement to — Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gift 2—Please Print

In memory of honor of: _____

Send acknowledgement to — Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gift 3—Please Print

In memory of honor of: _____

Send acknowledgement to — Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gift 4—Please Print

In memory of honor of: _____

Send acknowledgement to — Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please attach a separate sheet for additional gifts. **Thank you!**