

2018 Central Carolina Hospital Auxiliary's 34th . Annual "Lights of Love"

Remembering those we love, those we lost, and special memories....

"Christmas Tree"

[Hospital Visitors Lobby]



In Memory of



In Honor of



Donation

The Special Ornaments on the "Lights of Love" Christmas Tree
Symbolize those special people or moments in your life.

"Book of Remembrance"

[Adjacent to the Christmas Tree in Hospital Visitors Lobby]

The names of those remembered and those honored and donors.

"Tree of Lights"

[Get-A-way Garden Gazebo]

Your and the community's generous support enables the Auxiliary to continue the projects that benefit the patients and their families of Central Carolina Hospital.

- Medications, Toiletries and Personal Items for Patients in Need
 - Pastoral Care Items and Visits available upon request
- Toys and Comfort Items for Children and Adult Patients
- Projects that Benefit CCH Patients and their Families
 - The Florence B. Harris Scholarship
 - CCCC CCH Auxiliary Nursing Scholarship
 - CCH Auxiliary Breast Cancer Comfort Fund
 - CCH Auxiliary Get-Away Garden

If you would like to make a donation: \$10 per name

Return to: CCH Auxiliary Gift Shop or

Mail: CCH Auxiliary – 1135 Carthage Street, Sanford, NC 27330

May our beautiful "Lights of Love" Christmas Tree & Tree of Lights located in the CCH Visitors Lobby & Get-A-way Garden bring you joy during this holiday season. The Trees will be official lit the first Sunday in December.

"Lights of Love" Names are listed www.cchaux.com and will be listed in Sanford Herald on December 25th, 2018

Thank you for your support given to the CCH Auxiliary!

-----PLEASE PRINT-----PLEASE PRINT-----PLEASE PRINT-----

DONATIONS RECEIVED PRIOR TO DEC 18TH WILL BE LISTED IN SANFORD HERALD

Enclosed donation of \$_____ designated for: ☐ In Memory ☐ In Honor ☐ Donation
[*\$10 per name*]

Your Name: _____

Your Address: _____

Name of Person - In Honor of: _____

Name of Person - In Memory of: _____

Name of Person to Receive Acknowledgement of your Gift: _____

Their Address: _____

Name(s) of Person(s) Signing Acknowledgement Card: _____

[*Make additional copies of this form or use back to list additional names to be honored and/or memorialized*]