



Lights of Love

TO BENEFIT THE REMEMBRANCE FUND FOR PATIENTS' NEEDS AT ABINGTON – JEFFERSON HEALTH

An opportunity to honor, remember, or acknowledge someone during this special giving season.

What it is – Making a donation to “Lights of Love” means that 100% of your gift goes to a patient of Abington – Jefferson Health who is less fortunate. These funds are used for patients whose lives have been deeply affected by difficult times and are desperately in need of help (*see examples, right*). Donations are acknowledged by letter to both donor and recipient.

Dates/display – Visit the tree display beginning in November and continuing through the holiday season at Willow Grove Park near the Nordstrom Rack entrance. From December through the beginning of the New Year, a Lights of Love display will be featured in the Shorday Atrium at Abington Hospital. The decorations on the trees represent gifts in honor/memory of a loved one or friend or to commemorate a special occasion. Donations are also acknowledged in a book at each location.

Please consider giving to help others during this special season when we give thanks for all our blessings.

On behalf of the Women’s Board of Abington Health Foundation, we thank you for all your support and extend our very best wishes to you and your family for a beautiful and very happy holiday season.

SUE SNYDER | Chair, Lights of Love 2019

Some examples of help given to patients through your donations are:

- Assisted with cost of hiring help at home for terminally ill patients
- Helped with mortgage for single mother with cancer
- Medication payments for patients with no prescription coverage
- Assisted with cost of oxygen
- Purchased a wheelchair for an amputee



Abington Health
FOUNDATION
Women’s Board and Auxiliaries

Name _____

Telephone Number _____ Email _____

Address _____

in honor of _____

in memory of _____

Name of person who will receive card recognizing your donation _____

Address to which you would like card sent _____

Number of **snowflakes** you would like to donate ___@ \$20 = \$ _____

Number of **hearts** you would like to donate ___@ \$40 = \$ _____

I prefer to make a donation in the amount of: \$ _____

Total donation enclosed: \$ _____

PAYMENT OPTIONS:

Enclosed is my check in the amount of \$ _____

Please make check payable to **AHF – Women’s Board**,
and mail this form to: **Lights of Love, AHF Women’s Board**
1200 Old York Rd, Abington, PA 19001-3788

I prefer to use my: Visa MasterCard AMEX Discover

Card Number _____ Exp. Date _____

Signature (required for all charges) _____

(If more room is needed for additional names, please use reverse side or attach a separate sheet of paper. Thank you.)