

# Tree Of Life



Symbolize your love and admiration for the special people in your life with lovelights and starlights on the Tree of Life at UNC Health Rockingham. The Tree of Life is sponsored by the UNC Health Rockingham Auxiliary.

Minimum donations of \$5 per lovelight and \$100 per starlight will be accepted through January. All donations are tax deductible. Proceeds from the Tree of Life will be used to benefit the patients and services of UNC Health Rockingham.

A card will be sent acknowledging your gift. The name of each person honored or memorialized, and the name of the donor, will be written into the Book of Honor and Memory which is displayed in the hospital's main lobby throughout the holiday season.

You are cordially invited to attend the Tree of Life Lighting Ceremony in the Day Hospital Lobby.

Donations may be made at the hospital gift shop or by contacting the Volunteer Services Department at 336-627-6180.

UNC Rockingham Health Care Auxiliary/Tree of Life  
117 East Kings Highway  
Eden, North Carolina 27288

Donations may also be made at the Hospital Gift Shop or by contacting the Volunteer Services Department at 336-627-6180.

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Please Print Legibly

Your Name (Donor)	Telephone		
Address	City	State	Zip
Enclosed is: \$ _____ for _____ Lovelights at \$5		Enclosed is: \$ _____ for _____ Starlights at \$100	
In Honor / Memory Of:	Name: _____ <i>(Please check box if lovelight or starlight)</i>		<input type="checkbox"/> Lovelight <input type="checkbox"/> Starlight
Please send acknowledgement	Name _____		
	Address _____	City _____	State _____ Zip _____
In Honor / Memory Of:	Name: _____ <i>(Please check box if lovelight or starlight)</i>		<input type="checkbox"/> Lovelight <input type="checkbox"/> Starlight
Please send acknowledgement	Name _____		
	Address _____	City _____	State _____ Zip _____
In Honor / Memory Of:	Name: _____ <i>(Please check box if lovelight or starlight)</i>		<input type="checkbox"/> Lovelight <input type="checkbox"/> Starlight
Please send acknowledgement	Name _____		
	Address _____	City _____	State _____ Zip _____

ADDITIONAL NAMES MAY BE LISTED ON BACK