Please print. A minimum donation of \$10 per honoree is suggested. I would like to shine a light... — ☐ In honor of (living) \_\_\_ ☐ In memory of (deceased)  $\square$  Please notify the honoree or his/her family of my gift at the address listed below. \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ ☐ Please check here if you do **not** wish to have your loved one's name read aloud during the service. City \_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Daytime phone \_\_\_\_\_ I wish to donate: □ \$10 □ \$25 □ \$50 □ \$100 □ \$250 □ Other \$\_\_\_\_\_ ☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx Card #\_\_\_\_ \_\_CV Code \_\_\_\_ Expiration Date \_\_\_\_\_ ☐ Payroll Deduction - I am an employee of (please check one): □ SEMC □ FSLH □ St. Luke's Home □ VNA

Please detach this form and mail with your payment by Friday, November 20, 2015. Checks should be made payable to: SEMC Foundation. You may also contribute online by visiting www.stemc.org/foundation. All contributions are tax-deductible. Thank you for your support.

☐ Senior Network Health ☐ Mohawk Valley Home Care

☐ I have made arrangements to have this gift matched by a

corporation. My company gift form is enclosed.

☐ Please send me information about *Planned Giving*.

If you have any questions, please call the Foundation Office at 315-801-4441 or email asquires@mvhealthsystem.org.

> Lights of Love Campaign St. Elizabeth Medical Center Foundation 2209 Genesee Street • Utica, NY 13501

## ST ELIZABETH MEDICAL 2209 GENESEE ST UTICA NY 13599-1068 CENTER FOUNDATION INC

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UTICA NY

Adirondack Financial Services

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Mr. & Mrs. Jerry Beasman

In memory of Thomas & Frances Hynes & Jodi Lynne <u>M</u>arris

Capital District Medical Transportation Center for Donation & Transplant

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In memory of Thomas & Frances Hynes

Dr. and Mrs. Sudershan Dang

In memory of my father, K.R. Dang

Daylight Donuts

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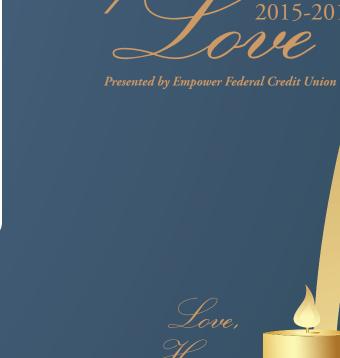
Co-Chairs: Christine Abbass and Bunny Gottuso

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holiday tradition continues. The St. Elizabeth Medical Center (SEMC) Foundation proudly presents its 15th annual Lights of Love Campaign. SEMC will be illuminated following the Candle Lighting and Remembrance Service on Wednesday, December 2, 2015, at 4:30 p.m. at Our Lady of Lourdes Church in Utica. Each light represents a contribution received in honor or in memory of a loved one, to wish someone a speedy recovery, to recognize a special event, as a thank you for care received at SEMC or as a holiday gift.

To contribute to Lights of Love, please complete the attached form and return it by Friday, November 20. A list of donors and honorees will be on display at SEMC and also at www.stemc.org/foundation throughout the holiday season.

If you wish, a card will be sent to your honoree(s) notifying them of your gift. Your honoree's name will also be read during the Candle Lighting Ceremony unless you indicate otherwise. All contributions to the Lights of Love Campaign are tax-deductible, and will be used to purchase mobile care phlebotomy equipment for our Laboratory. For more information, please call 315-801-4441.

We appreciate your kindness and generosity.

Have a blessed holiday.

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PJ G RE EI







Rudolph A. Buckley, MD, MBA, FAAOS - In memory of Randolph and Edith Buckley

Carmen A. Cross, MD - In memory of Sam and Mary Cross

Fayez Chahfe, MD - In memory of my father, Paul Chahfe

Mary Judith Gaetano - In memory of Cornelia "Connie" Gaetano, Rose Jones and Charles "Charlie" Manino

Martha J. Kodsy - In memory of Mary Khiemdavanh

St. Elizabeth Medical Staff

The Department of Hospital Medicine



If honoring more than one person, please use the spaces provided below.

I would like to shine a light		
☐ In honor of (living)		
☐ In memory of (deceased)		
☐ Please notify the honoree or haddress listed below.	is/her family of m	ny gift at the
Name		
Address		
City	State	Zip
☐ Please check here if you do <b>no</b> name read aloud during the se	,	our loved one's
I would like to shine a light		
☐ In honor of (living)		
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☐ Please notify the honoree or haddress listed below.	is/her family of m	ny gift at the
Name		
Address		
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