

Light a Light

ONEIDA HEALTH AUXILIARY



Date Here, 2024

Dear Oneida Health Auxiliary Friends,

At this time of year, it is tradition to give thanks for the blessings in our lives. Our **Light a Light** program is a special way to honor or remember a loved one, to show appreciation to someone who has brightened your life or acknowledge the work of someone very special. The **Light a Light** program allows you to say **thank you** and **I remember**. This program is a wonderful way to honor and recognize not only our loved ones, but those essential workers including healthcare providers, police, firefighters, teachers, and those who work each day to keep us safe and help meet our needs.

Your gift of \$10, \$25, \$50 or more will be used for the benefit of our patients and residents of Oneida Health and the Extended Care Facility. With a gift of \$100 or more per person, your honoree's name will be displayed on the LED signs which are located on Route 5. If you wish, a note will be sent to the family notifying them of your gift.

Furthermore, a red cardinal will be placed on the tree in the café at Oneida Health Hospital, symbolizing the loved ones being honored. The illumination of the trees outside the hospital and the Extended Care Facility will serve as a poignant reminder of those we wish to remember and celebrate.

To contribute to the **Light a Light**, please the attached form and return by December 2, 2024. This donation form can also be found on the foundation website, OneidaHealthFoundation.org/Light

Your support is greatly appreciated.

Thank you,

Marty Mallery

Cindy Thurston

Co-Presidents
Oneida Health Auxiliary

OneidaHealthFoundation.org/Light

I would like to **Light a Light:**

In Memory of _____

In Recognition of _____

Please notify the honoree or his/her family of my gift at the address listed below.

Name _____

Address _____

City _____ State _____ Zip _____

Your name _____

Address _____

City _____ State _____ Zip _____

I wish to donate:

\$10 \$15 \$25 \$50 \$100 Other \$ _____

(A minimum of \$10 per honoree is encouraged.)

Make checks payable to: Oneida Health Auxiliary

I would like an additional **Light a Light:**

In Memory of _____

In Recognition of _____

Please notify the honoree or his/her family of my gift at the address listed below.

Name _____

Address _____

City _____ State _____ Zip _____

Your name _____

Address _____

City _____ State _____ Zip _____

I wish to donate:

\$10 \$15 \$25 \$50 \$100 Other \$ _____

(A minimum of \$10 per honoree is encouraged.)

Make checks payable to: Oneida Health Auxiliary

Please send completed form(s) with your payment to:
Oneida Health Auxiliary C/O Cindy Thurston
3949 Peterboro Rd, Vernon Center, NY 13477

All contributions are tax-deductible.