

2022 Tree of Love

For a gift of \$30 or more we will dedicate an ornament in the name of your honoree on our indoor tree located in the lobby of the Outpatient Entrance to Lexington Medical Center.

For a gift of \$100 or more we will recognize your honor or memorial gift by dedicating a poinsettia flower placed around the indoor tree at the Outpatient Entrance.

To make your honor or memorial gift to the 2022 Tree of Love, please complete and return the form below.

Contributions to the 2022 Tree of Love project will be accepted until January 31, 2023.

Donor Information:

| «Name» «Constituent_ID» | |
|--|--|
| «Address block» | |
| «City», «State» «Postcode» | E-mail: |
| Filotie Nutifiber: | L-IIIdII: |
| I would like my Tree of Love gift to support (select one): | |
| ☐ LMC PATIENT ASSISTANCE FUND | (3945) □ LMC EMPLOYEE ASSISTANCE FUND (3946) |
| My gift is in □ honor □ memory of: | |
| Please notify: (NAME) | |
| (MAILING ADDRESS) | |
| | side to add additional honors and memorials |
| Gift amount: One-time contribution no | w of \$ |
| Payment options: | |
| □ Check enclosed for \$ | (check payable to LMC Foundation) |
| □ Credit Card: □ Visa □ MasterCard | □ Discover □ American Express |
| Name on Card Email | |
| Card number | Expiration Date CVV Code: |

Appeal: 22TREE

Additional Honors and Memorials

I would like my Tree of Love gift to support (select one): ☐ LMC PATIENT ASSISTANCE FUND (3945) ☐ LMC EMPLOYEE ASSISTANCE FUND (3946) My gift is in □ honor □ memory of: _____ Please notify: (NAME) (MAILING ADDRESS) _____ I would like my Tree of Love gift to support (select one): ☐ LMC PATIENT ASSISTANCE FUND (3945) ☐ LMC EMPLOYEE ASSISTANCE FUND (3946) My gift is in □ honor □ memory of: _____ Please notify: (NAME) (MAILING ADDRESS) I would like my Tree of Love gift to support (select one): □ LMC PATIENT ASSISTANCE FUND (3945) □ LMC EMPLOYEE ASSISTANCE FUND (3946) My gift is in □ honor □ memory of: _____ Please notify: (NAME) (MAILING ADDRESS) I would like my Tree of Love gift to support (select one): ☐ LMC PATIENT ASSISTANCE FUND (3945) ☐ LMC EMPLOYEE ASSISTANCE FUND (3946) My gift is in □ honor □ memory of: _____ Please notify: (NAME) (MAILING ADDRESS) I would like my Tree of Love gift to support (select one): □ LMC PATIENT ASSISTANCE FUND (3945) □ LMC EMPLOYEE ASSISTANCE FUND (3946) My gift is in □ honor □ memory of: _____ Please notify: (NAME) (MAILING ADDRESS) _____

Appeal: 22TREE