

# Novato Community Hospital Volunteer Auxiliary Presents: Tree of Lights



Dear Friend,

You are invited to participate in the 22nd season of the Annual Novato Community Hospital Tree of Lights. This important holiday tradition is a way you can honor the special people in your life with a gift to the Novato Community Health Care Fund—a resource providing access to healthcare, wellness activities, and emotional support to North Marin residents in need.

A beautiful angel, a shining star, or a bright light will commemorate your gift on the Tree of Lights in the hospital lobby throughout the holiday season. Each dedication will be inscribed in our book of memory and displayed with the tree. You and your honorees will receive special invitations to attend our annual lighting ceremony in the hospital lobby December 7.

Let someone special know how much you care at this important time of year.

Please fill out your dedication card and return it in the enclosed envelope with your check or credit card. Your gift is tax-deductible. Your response must be received no later than November 27 to ensure that written invitations will be sent to you and your honorees.

Thank you for your support of Novato Community Hospital and best wishes for a joyous holiday season,

Anne. L. Hosfeld  
Chief Administrative Officer

Jeanne R. Holden  
NCH Volunteer President

Debra R. Brusatori  
Chair of NCH Fund Development

Please cut on the dashed line below and mail this form back in the enclosed envelope

Donor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check one:  Light  Angel  Star  In Memory of  In Honor of \_\_\_\_\_

Please notify \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check one:  Light  Angel  Star  In Memory of  In Honor of \_\_\_\_\_

Please notify \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check one:  Light  Angel  Star  In Memory of  In Honor of \_\_\_\_\_

Please notify \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mail to: Sutter Marin Development Office  
4000 Civic Center Dr., Suite 150, San Rafael, CA 94903

I wish to collect my ornament before January 1st.  
You may collect them on a Tuesday or Wednesday  
between 10:00 a.m. and 4:30 p.m.

Make check payable to: Novato Community Hospital,  
or please bill my:  Visa  Mastercard  American Express

Credit card # \_\_\_\_\_

Name on card \_\_\_\_\_

Amount \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Lights x \$10 = \_\_\_\_\_

\_\_\_\_\_ Angels x \$25 = \_\_\_\_\_

\_\_\_\_\_ Stars x \$100 = \_\_\_\_\_

Total = \$ \_\_\_\_\_