ONEIDA HEALTH AUXILIARY



October 12, 2021

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.

All 2021 honorees will be listed in our *Light a Light Book of Honor on* display in the lobby at the ECF, as well as on a rolling electronic display in the lobby of the hospital. Lights on the tree in front of the hospital will represent the loved ones being remembered and honored.

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.

To contribute to *Light a Light*, please complete the attached form and return by Friday, December 3rd. This donation form is also available on the hospital website, <u>www.oneidahealth.org</u>.

Your support is greatly appreciated. Thank you.

Marty Mallery President Oneida Health Auxiliary **Please Print**. (*A minimum donation of \$10 per honoree is encouraged.*)

I would like to Light a Ligh	<i>t</i> :
In Honor of	
In Memory of	
In Appreciation of	

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

Name		
Address		
City		_ Zip
Your name		
Address		
City	State	_Zip
I wish to donate: \$10 \$15 \$25 \$50 \$100 Other \$ Please Print. (A minimum donation of \$10		ncouraged.)
l would like to <i>Light a Light</i> :		
In Honor of		
In Memory of		
In Appreciation 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 \$			
Please mail this with your payment to:			
Oneida Health Auxiliary			
321 Genesee St. Oneida NY 13421			
Make checks payable to: Oneida Health Auxiliary			
All contributions are tax-deductible.			

Please Print. (*A minimum donation of \$10 per honoree is encouraged.*)

I would like to <i>Light</i>	a Light:
In Honor of	
In Memory of	
In Appreciation 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				
I wish to donate:				
\$10 \$15 \$25 \$50 \$100 Other \$				
Please Print. (A minimum donation of \$10 per honoree is encouraged.)				
I would like to <i>Light a Light</i> :				
In Honor of				
In Memory of				
In Appreciation of				

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

Name			
Address			
City		Zip	
Your name			
Address			
City	State	Zip	
I wish to donate: \$10 \$15 \$25 \$50 \$100 Other \$			
Please mail this with your payment to: Oneida Health Auxiliary			
321 Genesee St. Oneida NY 13421			
Make checks payable to: Oneida Health Auxiliary			
All contributions are tax-deductible.			