



Twinkling lights,
Branches dusted with snow,
Offer all the chance
To quietly show
How we Honor our loved ones,
Appreciate them so,
Remember those who are special~
Let "Lights of Love" softly glow.



*You May Participate in "Lights of Love" by
Donating \$5.00 for Each Sparkling Light*

Please Complete & Return This Form by December 11, 2025 to:
Saratoga Hospital, Volunteer Services, 211 Church Street, Saratoga Springs, NY 12866
One Form per Order, Please Make Additional Copies as Desired
Please Print Clearly

PLEASE
CHECK
ONE

In Honor of ☐
In Memory of ☐
In Appreciation of ☐

Name of Individual/Group: _____

Enclosed is: \$5 ☐ Other ☐ \$ _____

Please make check payable to: *Saratoga Hospital Volunteer Guild*

(Sorry, we cannot offer payroll deduction)

*GIVEN BY: _____ E Mail: _____

*Yes, I would like an ACKNOWLEDGEMENT LETTER sent to:

Name: _____

Address: _____

City, State, Zip Code: _____