



Supporting the Pediatric Program  
at Lightways Hospice and  
Serious Illness Care

### Little Lights Fund Printable Donation Form

Given by: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

Phone with area code ( ) \_\_\_\_\_

This donation is given (Please choose one if applicable)

- In memory of \_\_\_\_\_
- In honor of \_\_\_\_\_

Donation Amount: \_\_\_\_\_  Check  Cash

Please contact me about a reoccurring gift

Matching Gift  Yes  No Company Name \_\_\_\_\_

Many employers match gifts made by their employees, multiplying the impact of your gift. Please enter name and information if you or your spouse's company has a matching gift program.

Company Phone with area code: ( ) \_\_\_\_\_

Name of company contact: \_\_\_\_\_