

Marengo Memorial Hospital Foundation
Holiday Tree of Lights

Name of Person Please check ___ In Memory ___ In Honor

Given by

Address

City, State, Zip Code

Phone Email

Please complete this form and return with your check to **Marengo Memorial Hospital Foundation 300 West May Street Marengo, IA 52301** by no later than **November 18, 2016**.
Your gift is tax deductible
Feel free to attach a separate sheet of paper with additional names if needed. Be sure to indicate if the lights are in honor or in memory of the person listed.