



Angels of Light 2017

Angels of Light Dedication Sponsorship Form

Yes, please include me as a dedication sponsor for the 2017 Angels of Light.

I wish to participate as:

_____ Luminaria Walkway Sponsor - \$2,500 (*minimum donation*)

_____ Music Sponsor - \$1,000 (*minimum donation*)

_____ Refreshments Sponsor - \$500 (*minimum donation*)

_____ Ceremony Sponsor - \$250 (*minimum donation*)

No, unfortunately, I cannot participate as a sponsor this year, but please accept this donation in support of Hospice of St. Tammany Parish Hospital: \$_____.

Please make checks payable to St. Tammany Hospital Foundation.

Please Print...

Donor Name: _____

Donor Contact Name: _____ Phone: _____

Donor Address: _____

City, State, Zip: _____ E-mail: _____

I would like to dedicate my donation to:

A letter will be sent to the angel honoree or family of the honoree to let them know of your donation in their honor or memory.

My Angel is _____ **In Honor** (or) _____ **In Memory of:** _____

Name of Angel or Angel's Family: _____

Address of Angel or Angel's Family: _____

City: _____ State: _____ Zip: _____ Email: _____

Proceeds from Angels of Light benefit St. Tammany Hospital Hospice.

Please return this form with payment to:

St. Tammany Hospital Foundation, 1202 South Tyler, Covington, LA 70433

Fax: 985-871-5744 Email: mbyrd@stph.org