



TO BENEFIT THE REMEMBRANCE  
FUND FOR PATIENTS' NEEDS AT  
ABINGTON HOSPITAL

*An opportunity to honor, remember, or acknowledge  
someone during this special giving season.*

**What it is** – Making a donation to “Lights of Love” means that 100% of your gift goes to a patient of Abington – Jefferson Health who is less fortunate. These funds are used for patients whose lives have been deeply affected by difficult times and are desperately in need of help (see examples, right). Donations are acknowledged by letter to both donor and recipient.

**Dates/display** – Visit the tree display beginning in November and continuing through the holiday season at Willow Grove Park near the Nordstrom Rack entrance. From December through the beginning of the New Year, a Lights of Love display will be featured in the Shorday Atrium at Abington Hospital. The decorations on the trees represent gifts in honor/memory of a loved one or friend or to commemorate a special occasion. Donations are also acknowledged in a book at each location.

*Please consider giving to help others during this special season when we give thanks for all our blessings.*

*On behalf of the Women’s Board of Abington Health Foundation, we thank you for all your support and extend our very best wishes to you and your family for a beautiful and very happy holiday season.*

**SUE SNYDER** | Chair, Lights of Love 2017

<http://give.abingtonhealth.org/LOL>

*Join us*

**FOR A LIGHTING CELEBRATION\***

*(to launch our annual Lights of Love Program of Giving)*

**DECEMBER 4, 2017 5:30 PM | ALL WELCOME**

Abington Hospital – Jefferson Health  
Widener Building Entrance, Horace Avenue

*\*Brief program, music, and lighting of the trees in Hank’s Garden to be followed by refreshments.*

**Some examples of help given to patients through your donations are:**

- Assisted with cost of hiring help at home for terminally ill patients
- Helped with mortgage for single mother with cancer
- Medication payments for patients with no prescription coverage
- Assisted with cost of oxygen
- Purchased a wheelchair for an amputee



**Abington Health**  
FOUNDATION  
Women’s Board and Auxiliaries

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

in honor of \_\_\_\_\_

in memory of \_\_\_\_\_

Name of person who will receive card recognizing your donation \_\_\_\_\_

Address to which you would like card sent \_\_\_\_\_

Number of **snowflakes** you would like to donate \_\_\_\_ @ \$20 = \$ \_\_\_\_\_

Number of **hearts** you would like to donate \_\_\_\_ @ \$40 = \$ \_\_\_\_\_

I prefer to make a donation in the amount of: \$ \_\_\_\_\_

**Total donation enclosed:** \$ \_\_\_\_\_

**PAYMENT OPTIONS:**

Donate online at <http://give.abingtonhealth.org/LOL>

Enclosed is my check in the amount of \$ \_\_\_\_\_

Please make check payable to **AHF – Women’s Board**,  
and mail this form to: **Lights of Love, AHF Women’s Board**  
1200 Old York Rd, Abington, PA 19001-3788

I prefer to use my:  Visa  MasterCard  AMEX  Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature (required for all charges) \_\_\_\_\_

*(If more room is needed for additional names, please use reverse side or attach a separate sheet of paper. Thank you.)*