



**Shore Medical Center Auxiliary Tree of Lights
Wednesday, December 3, 2025**

*All proceeds raised benefit Shore Medical Center.
Tree lighting will be in the main lobby at 5pm.*

**Please print all information on this form clearly. Thank you.
One name or family name per donation please.**

DONOR INFORMATION

Your Name: _____

Address: _____

City: _____ **State** _____ **Zip:** _____ **Phone:** _____

Email: _____

1. _____ () In memory of () In honor of () \$10 silver tribute
() \$20 gold tribute
() \$50 platinum tribute

Please notify the following of this gift: (optional)

Name: _____

Address: _____

2. _____ () In memory of () In honor of () \$10 silver tribute
() \$20 gold tribute
() \$50 platinum tribute

Please notify the following of this gift: (optional)

Name: _____

Address: _____

3. _____ () In memory of () In honor of () \$10 silver tribute
() \$20 gold tribute
() \$50 platinum tribute

Please notify the following of this gift: (optional)

Name: _____

Address: _____

4. _____ () In memory of () In honor of () \$10 silver tribute
() \$20 gold tribute
() \$50 platinum tribute

Please notify the following of this gift: (optional)

Name: _____

Address: _____

5. _____ () In memory of () In honor of () \$10 silver tribute
() \$20 gold tribute
() \$50 platinum tribute

Please notify the following of this gift: (optional)

Name: _____

Address: _____

6. _____ () In memory of () In honor of () \$10 silver tribute
() \$20 gold tribute
() \$50 platinum tribute

Please notify the following of this gift: (optional)

Name: _____

Address: _____

Total amount enclosed \$_____

To ensure inclusion in the Tree of Lights book, forms must be received by
Monday, November 24th. No exceptions please!

Make checks payable to: Shore Medical Center Auxiliary

Mail to: *Shore Medical Center Auxiliary, 100 Medical Center Way, Somers Point, NJ 08244*

For more information about our Tree of Lights event, please contact the Auxiliary Office at 609.653.4646.