Shore Medical Center Auxiliary Tree of Lights
Wednesday, December 2, 2026

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: _____

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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

( ) $l0 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 23rd.** *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.