

Mail to:

Franciscan Healthcare Auxiliary Volunteer Services
700 West Avenue South
La Crosse WI 54601-4796

1. Order online @mayoclinichealthsystem.org/seasonoflight

2. Fill out this form and mail with payment (see below)

Make checks payable to: Franciscan Healthcare Auxiliary

For more information, call us at 608-392-2711. All calls will be returned within 48 hours, Monday through Friday.

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Volunteer Services
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La Crosse WI 54601-4796

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Be part of the
Franciscan Healthcare Auxiliary's

Season of Light



Light up a Life

Franciscan Healthcare Auxiliary is celebrating the Season of Light. Our Tree of Light will be displayed in the hospital's main lobby, and a Tree of Hope will stand in the lower level of the Cancer and Surgery Center in La Crosse. Each light that is purchased will signify a donation to the Auxiliary to fund needy patient accounts at Mayo Clinic Health System or other expenses incurred while person is in a treatment program at Mayo Clinic Health System in La Crosse and surrounding areas. Gifts may be purchased in the name of those you wish to remember at this meaningful time of year: to honor or memorialize living or deceased family members, friends and neighbors; as a gesture of friendship; as a gift for the person who has everything; or as a thank you.

- **Illuminate the Tree of Light or the Tree of Hope** at \$10 per light
- **Trim the Tree** at \$25 in honor of a family – Let your love for your family shine brightly.
- **Angel Tree Topper** at \$50 – This special “Tree Topper” level will symbolize an Angel to commemorate or celebrate your loved one in an extraordinary way.

A list of honorees and donors is placed in hospital lobby, cancer center and Onalaska clinic.



Order Form

Donor Name _____
Donor Phone Number _____ Donor Email Address _____
Donor Address _____
City _____ State _____ Zip _____

Honoree 1

Name/Family/Group _____
Honoree Address _____
Honoree City _____ State _____ Zip _____
Honoree Email address _____

Send acknowledgement card: Yes No Send Email: Yes No
Lights x \$10 each: Qty: _____ \$ _____ }
Trim the Tree x \$25 each: Qty: _____ \$ _____ } Grand total: \$ _____
Angels x \$50 each: Qty: _____ \$ _____ } Amount enclosed: \$ _____

Honoree 2

Name/Family/Group _____
Honoree Address _____
Honoree City _____ State _____ Zip _____
Honoree Email address _____

Send acknowledgement card: Yes No Send Email: Yes No
Lights x \$10 each: Qty: _____ \$ _____ }
Trim the Tree x \$25 each: Qty: _____ \$ _____ } Grand total: \$ _____
Angels x \$50 each: Qty: _____ \$ _____ } Amount enclosed: \$ _____

Honoree 3

Name/Family/Group _____
Honoree Address _____
Honoree City _____ State _____ Zip _____
Honoree Email address _____

Send acknowledgement card: Yes No Send Email: Yes No
Lights x \$10 each: Qty: _____ \$ _____ }
Trim the Tree x \$25 each: Qty: _____ \$ _____ } Grand total: \$ _____
Angels x \$50 each: Qty: _____ \$ _____ } Amount enclosed: \$ _____

For additional names, please use a separate sheet of paper and return it with this order form.