

# Light Up A Life 2007

I / We would like to honor the following living persons...

PLEASE PRINT	

I / We would like to remember these special people who have passed away...

PLEASE PRINT	

Given by: \_\_\_\_\_  
Please list your name(s) as you would like them printed in the Courier insert.

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Email address: \_\_\_\_\_

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### *Please use this tribute gift for...*

**Medical equipment** at ALMH for advanced diagnosis and greater patient comfort.

**Endowment Fund** for unrestricted support of ALMH projects.

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All names received by **Friday, November 30** will be acknowledged in a special December 24 insert of the *Lincoln Courier*. As a LUAL donor, your name(s) will be listed beneath those you have remembered.

The suggestion donation is \$10 per name. Please make checks payable to the **Abraham Lincoln Healthcare Foundation** and mail with this form in the envelope provided.

Your LUAL gift of **\$100 or more** reserves membership in the **2007 Endowment Challenge Club**. Please consider this opportunity to annually support key local healthcare programs while remembering those closest to you.

\_\_\_\_\_  
(initials) Please remove my name from future Abraham Lincoln Healthcare Foundation fund solicitation lists. I have initialed here, and included my name and address on the lines above.