



Promoting
BETTER HEALTHCARE
IN OUR
Community



Lights of Love

For a recommended
gift of \$5 or more we will
place a symbolic light on the
Lights of Love tree in memory
or celebration of a loved one
or special event.



628 East 12th Street
Washington, NC 27889
252.975.4100

Vidant Beaufort
Hospital



Lights of Love

GENERATIONS OF GIVING



Lights of Love

was established in the mid-1980's to promote healthcare excellence in Beaufort County. A local group of men and women, many of whom were hospital volunteers and employees, had the vision to create a means for members of the local community to give to Beaufort County Hospital, now Vidant Beaufort Hospital.

Through the years the funds raised by the generosity of many people have been used to promote healthcare education, purchase medical equipment and provide other assistance to our local hospital.

Since the first Lights of Love tree-lighting ceremony, held on December 9, 1985, the lights on the evergreen on the front lawn of the hospital have sparkled most holiday seasons. The lights are symbolic of the many individuals who have been recognized through the years.

Lights of Love continues today for the same purpose it did over 25 years ago – providing an opportunity for generations of individuals and families to give back to their local healthcare system while honoring or memorializing a friend or family member. Your year-round donations to Lights of Love are greatly appreciated. These generous donations are used to support and enhance patient care, purchase state-of-the-art equipment and provide amenities that make our hospital more comfortable for patients and visitors.

How do I contribute?

Fill out the attached form and drop off or mail to Beaufort Hospital at 628 East 12th Street in Washington. Please make checks payable to: **Lights of Love.**

Yes! I want to be a part of the Lights of Love community project to benefit Vidant Beaufort Hospital.

DONOR NAME (PLEASE PRINT)

ADDRESS

CITY, STATE, ZIP

PHONE/EMAIL

Lights of Love

___ In Memory of

___ In Honor of

For multiple acknowledgements, attach separate forms.

NAME OF PERSON TO BE HONORED OR
MEMORIALIZED (PLEASE PRINT)

NAME OF PERSON TO BE NOTIFIED

ADDRESS

CITY, STATE ZIP

Enclosed is \$ _____

Checks should be made payable to
Lights of Love.