

Presenting Tree Sponsors

Gifts of \$2,500

I would like to be a Presenting Tree Sponsor. My gift will reserve a beautiful leaf in celebration of the life of my loved one on the LoveLine Tree of Life Wall in the Hayworth Cancer Center for one year, in addition to benefits of Tree Sponsorship. *(Please include a list of up to 75 names and addresses.)**

Presenting Tree Sponsor

Enclosed is my check for \$ _____

Tree Sponsors

Gifts of \$1,000

I would like to be a Tree Sponsor. My gift will reserve a beautiful leaf in celebration of the life of my loved one on the LoveLine Tree of Life Wall in the Hayworth Cancer Center for one year, in addition to benefits of Tree Sponsorship. *(Please include a list of up to 50 names and addresses.)**

Tree Sponsor

Enclosed is my check for \$ _____

Star Sponsors

Gifts of \$500

I would like to be a Star Sponsor and receive custom signage on the High Point Regional campus during the month of December. *(Please include a list of up to 25 names and addresses.)**

Star Sponsor

Enclosed is my check for \$ _____

Luminary Sponsors

Gifts of \$250

I would like to be a Luminary Sponsor and receive custom signage on the High Point Regional campus during the month of December. *(Please include a list of up to 15 names and addresses.)**

Luminary Sponsor

Enclosed is my check for \$ _____

Please print and return in the envelope provided

Donor name: _____

Donor address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: _____

Donor Email: _____

My sign should say: _____

My gift is in memory of: _____

My gift is in honor of: _____

Please notify:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(Complete address is required and gift amounts are not disclosed)



**HIGH POINT
REGIONAL**
HEALTH FOUNDATION

Make checks payable to:

HPRH/LoveLine

PO Box HP-5

High Point, NC 27261

(336) 878-6011

HighPointRegionalHealthFoundation.com

Please copy this page for additional gifts.

**For every \$100 contribution
High Point Regional Health Foundation
will mail five notifications.*

Gift Options

Donor name: _____

Donor address: _____

City: _____ State: _____ Zip: _____

Donor Email: _____

Daytime phone number: _____



SAMPLE
(Actual size of card is 3" x 5")

See more samples at
www.HighPointRegionalHealthFoundation.com

Gifts of \$10 – \$99

\$10-\$99

At this giving level, a gift notification card(s) will be provided with your receipt so you may personalize and mail to your friends and family to notify them of your gift in honor or in memory of them. *One card will be provided for every \$10 contribution up to \$99 (see sample at right).*

Gifts of \$100 – \$249 (5 cards for every \$100)

Please print and return in the envelope provided.

\$100 – \$249

At this giving level, High Point Regional Health Foundation will mail notification(s) up to 5 for every \$100 contribution.

Complete address is required and gift amounts are not disclosed.

My gift is in memory of: _____

My gift is in honor of: _____

Please notify: _____

Address: _____

City: _____ State: _____ Zip: _____

My gift is in memory of: _____

My gift is in honor of: _____

Please notify: _____

Address: _____

City: _____ State: _____ Zip: _____

My gift is in memory of: _____

My gift is in honor of: _____

Please notify: _____

Address: _____

City: _____ State: _____ Zip: _____

My gift is in memory of: _____

My gift is in honor of: _____

Please notify: _____

Address: _____

City: _____ State: _____ Zip: _____

My gift is in memory of: _____

My gift is in honor of: _____

Please notify: _____

Address: _____

City: _____ State: _____ Zip: _____



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