

Tree of Lights

20th
Annual



Tuesday
December 10th
7:00 p.m.
at the Pollak Training Center
1000 E Fairfield Dr,
Pensacola, FL

**Pay tribute to someone special
this holiday season**

For a \$10 donation, you can purchase a light on
our tree in honor, in memory, or even to
thank someone who brightens your life.

Visit www.arc-gateway.org for more info

I would like to help by 'Lighting the Way'

My Contribution of \$ _____ is enclosed for _____ light(s)
\$10 Minimum per Light

Please select a category:

In Honor of: _____

In Memory of: _____

To Thank: _____

Please send an acknowledgment of my donation and an invitation to the Tree Lighting Ceremony to:

Name: _____

Address: _____

From: _____

(Your name as you would like it to appear on the acknowledgment: Grandma, Mom/Dad, nickname, etc)

Please Respond by November 28, 2019

Please make checks payable to The Arc Gateway at 3932 North 10th Avenue, Pensacola, FL 32503
(more payment options on reverse side)

Please select a category:

In Honor of: _____

In Memory of: _____

To Thank: _____

Please send an acknowledgment of my donation and an invitation to the Tree Lighting Ceremony to:

Name: _____

Address: _____

From: _____

(Your name as you would like it to appear on the acknowledgment: Grandma, Mom/Dad, nickname, etc)



Please select a category:

In Honor of: _____

In Memory of: _____

To Thank: _____

Please send an acknowledgment of my donation and an invitation to the Tree Lighting Ceremony to:

Name: _____

Address: _____

From: _____

(Your name as you would like it to appear on the acknowledgment: Grandma, Mom/Dad, nickname, etc)



Please select a category:

In Honor of: _____

In Memory of: _____

To Thank: _____

Please send an acknowledgment of my donation and an invitation to the Tree Lighting Ceremony to:

Name: _____

Address: _____

From: _____

(Your name as you would like it to appear on the acknowledgment: Grandma, Mom/Dad, nickname, etc)



Payment Info:

Check Included Ck# _____

Credit Card (please fill in below)

Visa

Mastercard

Discover

American Express

Name on Card: _____

Card Number: _____

Exp. Date: _____ Security Code: _____ Billing Zip: _____