

# Love Light

★2025★

HONOR OR REMEMBER SOMEONE SPECIAL THIS CHRISTMAS  
SEASON WITH A LOVE LIGHT DONATION SUPPORTING THE  
COLQUITT REGIONAL MEDICAL FOUNDATION.

★  
THEN JOIN US FOR THE LIGHTING OF THE LOVE LIGHT GARDEN!

★—★  
MONDAY, DECEMBER 8<sup>TH</sup>, 2025  
5:30 PM  
KATE JETER SERENITY GARDEN AT  
COLQUITT REGIONAL MEDICAL CENTER  
★  
VISIT WITH SANTA ★ HOT COCOA  
CHRISTMAS CRAFTS FOR KIDS  
—★

## ★ *The Fourth Edition* ★

BRIGHTEN THE HOLIDAY SEASON FOR THOSE YOU  
LOVE WITH A SUPERNOVA LIGHT! WITH YOUR  
DONATION OF \$250, WE WILL PERSONALIZE YOUR  
HONOREE'S NAME ON A 2025 HAND-CRAFTED  
WOODEN ORNAMENT. THE ORNAMENT WILL BE  
MAILED TO YOUR DESIGNATED RECIPIENT BEFORE  
CHRISTMAS ACKNOWLEDGING YOUR GIFT. IN  
ADDITION, AS A SUPERNOVA DONOR, YOU TOO WILL  
RECEIVE A PERSONALIZED 2025 ORNAMENT FROM  
THIS SPECIAL KEEPSAKE COLLECTION.



PLEASE SEE THE LOVE LIGHT FORM ON THE BACK FOR MORE DETAILS.



**Love Light** is a celebratory way to kick off the holiday season and pay tribute to those we cherish.

- ✦ You may make a donation by purchasing a symbolic light in honor or in memory of an individual or couple you wish to remember.
- ✦ All honoree names are displayed in the Love Light garden throughout the season and published on the Colquitt Regional website and social media.

#### SUPERNOVA LIGHT (\$250)

- ✦ The honoree recipient receives an acknowledgement card and a personalized ornament via mail.
- ✦ The donor receives a duplicated honoree ornament or may customize their own ornament via mail.

#### SUPER STAR LIGHT (\$100)

- ✦ The honoree recipient receives an acknowledgement card and a personalized ornament via mail.

#### LOVE LIGHT (\$50)

- ✦ The honoree recipient receives a festive acknowledgement card of the donor's gift via mail.

### YOUR INFORMATION

DONOR'S NAME

COMPANY/ORGANIZATION (IF GIFT IS FROM A BUSINESS OR INSTITUTE)

ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS

TELEPHONE NUMBER

### GIFT INFORMATION

MY GIFT IS: ☐ IN HONOR OF ☐ IN MEMORY OF \_\_\_\_\_ (ONE LIGHT PER INDIVIDUAL OR COUPLE)  
HONOREE NAME

#### ☐ SUPERNOVA LIGHT (\$250)

MY HONOREE ORNAMENT 2<sup>ND</sup> LINE: \_\_\_\_\_ (DESIGNED FOR SPECIAL DATES)

I CHOOSE TO:

☐ DUPLICATE MY HONOREE ORNAMENT FOR MY OWN ORNAMENT

☐ PERSONALIZE MY ORNAMENT WITH: \_\_\_\_\_ (21 CHARACTER LIMIT)

#### ☐ SUPER STAR LIGHT (\$100)

MY HONOREE ORNAMENT 2<sup>ND</sup> LINE: \_\_\_\_\_ (DESIGNED FOR SPECIAL DATES)

#### ☐ LOVE LIGHT (\$50)

☐ OTHER GIFT: \_\_\_\_\_ (ALL HONOREES ARE RECOGNIZED IN THE GARDEN DURING THE LOVE LIGHT SEASON)

### HONOREE RECIPIENT INFORMATION

SEND MY GIFT NOTIFICATION TO:

ADDRESS

CITY

STATE

ZIP

### PAYMENT INFORMATION

☐ CHECK (PLEASE MAKE PAYABLE TO COLQUITT REGIONAL MEDICAL FOUNDATION) \$ \_\_\_\_\_

☐ CREDIT CARD \_\_\_\_\_ GIFT AMOUNT ENCLOSED  
(FULL NAME AS IT APPEARS ON CARD)

CREDIT CARD NUMBER

EXP. DATE (MM/YY)

CVC

☐ ONLINE [HTTPS://COLQUITTREGIONAL.COM/FOUNDATION/AREAS-TO-SUPPORT/LOVE-LIGHT-GIVING/](https://colquittregional.com/foundation/areas-to-support/love-light-giving/)

SCAN QR CODE  
FOR MORE  
INFORMATION

