WREATH BANNER

Bryan W. Whitfield Memorial Hospital Auxiliary

CORPORATE SPONSOR (please print name as you would like it to appear on banner):

_____

Please make check payable to BWWMH Auxiliary

Minimum Donation: $100.00 **O** Over $100.00 _____

A gold ribbon with the company name will be attached to a wreath and placed in the hospital during the Christmas holidays.

A gold ribbon with the company name will be attached to a wreath and placed in the hospital during the Christmas holidays.

Similar wreaths in honor or in memory of someone are also available for $100.

HONOR OR MEMORY WREATH

In **Honor** of: _____

In **Memory** of: _____

Purchased by: _____

Please complete this form and return it, along with your check, to:

BWWMH Auxiliary Love Lights Program
P.O. Box 890
Demopolis, AL 36732

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