

# ONEIDA HEALTH AUXILIARY



October 28, 2022

Dear Oneida Health Auxiliary Friends,

At this time of year, it is tradition to give thanks for the blessings in our lives. Our **Light a Light** program is a special way to honor or remember a loved one, to show appreciation to someone who has brightened your life or acknowledge the work of someone very special. The **Light a Light** program allows you to say **thank you** and **I remember**. This program is a wonderful way to honor and recognize not only our loved ones, but those essential workers including healthcare providers, police, firefighters, teachers, and those who work each day to keep us safe and help meet our needs.

All 2022 honorees will be listed in our **Light a Light Book of Honor** on display in the lobby at the ECF, as well as on a rolling electronic display in the Café of the hospital. Lights on the tree in front of the hospital and the ECF will represent the loved ones being remembered and recognized.

Your gift of \$10, \$25, \$50 or more will be used for the benefit of our patients and residents of Oneida Health and the Extended Care Facility. With a gift of \$100 or more per person, your honoree's name will be displayed on the LED Signs which are located on Route 5. If you wish, a note will be sent to the family notifying them of your gift.

To contribute to the **Light a Light**, please complete the attached form and return by Monday, December 5, 2022. This donation form can also be found on the hospital website, [www.oneidahealth.org](http://www.oneidahealth.org). Look for the **Light a Light** image on the bottom of the home page. Additionally, and new this year, a QR Code has been added (see below) as another way to donate.

Your support is greatly appreciated.

Thank you

*Marty Mallery* ♥

Marty Mallery  
President  
Oneida Health Auxiliary



Scan to  
Donate  
Online

**Please Print.** (A minimum donation of \$10 per honoree is encouraged.)

I would like to **Light a Light:**

In Memory of \_\_\_\_\_

In Recognition of \_\_\_\_\_

**Please notify the honoree or his/her family of my gift at the address listed below.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I wish to donate:

\$10 \$15 \$25 \$50 \$100 Other \$ \_\_\_\_\_

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Your name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I wish to donate:

\$10 \$15 \$25 \$50 \$100 Other \$ \_\_\_\_\_

Please mail this with your payment to:

**Oneida Health Auxiliary**

**321 Genesee St. Oneida NY 13421**

Make checks payable to: Oneida Health Auxiliary

*All contributions are tax-deductible.*

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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\$10 \$15 \$25 \$50 \$100 Other \$ \_\_\_\_\_

*Please use the backside of the paper for any additional names*

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**321 Genesee St. Oneida NY 13421**

Make checks payable to: Oneida Health Auxiliary

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