



Johns Hopkins All Children's Foundation Guild

# Love Light Form

Name of Honoree: \_\_\_\_\_

**Please select the appropriate recognition:**

- In Memory of \_\_\_\_\_
- In Honor of (occasion) \_\_\_\_\_

**Acknowledgement information to be sent to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relation to Honoree: \_\_\_\_\_

**Donor information & Branch**

- St. Petersburg
- Beach
- Seminole/Largo
- Evening
- Sarasota/Manatee

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

- Branch Administrative Fund \$ \_\_\_\_\_
- Personal Donation Amount \$ \_\_\_\_\_  
(\$10 minimum amount)

Approved: \_\_\_\_\_  
(Branch President/Treasurer)

**Make checks payable to: John Hopkins All Children's Foundation**

**Please complete and mail to:**

**Johns Hopkins All Children's Foundation/Guild**  
**500 7<sup>th</sup> Avenue S.**  
**St. Petersburg, FL 33701**