

# Garibaldi-Meucci Museum

**INVITES YOU TO JOIN US FOR LIGHT  
REFRESHMENTS IN CELEBRATION OF  
OUR TREE LIGHTING CEREMONY  
THURSDAY, DECEMBER 15  
4:30 P.M.  
420 TOMPKINS AVENUE  
STATEN ISLAND, NEW YORK 10305**



**MERRY**  
**CHRISTMAS**



**SHINE A LIGHT ON OUR TREE OF LIGHT  
AT THE GARIBALDI-MEUCCI MUSEUM**

Our Tree of Light at the Garibaldi-Meucci Museum is a project with very special meaning. Each bulb will be illuminated in representation of a treasured friend, family member, mentor, co-worker, teacher, or neighbor, either living or deceased. We will light our tree on the evening of December 15, 2022 and it will continue to shine for each night until January 6, 2023. Please visit our website [www.garibaldimeuccimuseum.com](http://www.garibaldimeuccimuseum.com) for virtual tree lighting information.

**COST PER BULB:**                      **\$10 FOR ONE NAME**                      **\$15 FOR TWO NAMES**  
    **\$25 FOR THREE NAMES**                      **\$30 FOR FOUR NAMES**  
    **\$50 FOR UP TO EIGHT NAMES**

**PURCHASED BY:**

**NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

\_\_\_\_ CHECK ENCLOSED (MAKE CHECKS PAYABLE TO: GARIBALDI-MEUCCI MUSEUM)  
 \_\_\_\_ CREDIT CARD

**NAME ON CARD:** \_\_\_\_\_

**TYPE OF CARD:** \_\_\_\_\_

**CARD #** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_ **3-DIGIT CODE:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

*Please use the attached sheet to list all names and information.*

\*\*\*Payment and information may be submitted online [www.garibaldimeuccimuseum.com](http://www.garibaldimeuccimuseum.com) or mailed to:

**Garibaldi-Meucci Museum  
 420 Tompkins Avenue  
 Staten Island, New York 10305**

**Please contact us at (718) 442-1608 with any questions or concerns.**

1. PLEASE SHINE A LIGHT \_\_\_\_\_ IN MEMORY OF \_\_\_\_\_ IN HONOR OF

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PLEASE SEND NOTIFICATION TO:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

2. PLEASE SHINE A LIGHT \_\_\_\_\_ IN MEMORY OF \_\_\_\_\_ IN HONOR OF

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PLEASE SEND NOTIFICATION TO:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

3. PLEASE SHINE A LIGHT \_\_\_\_\_ IN MEMORY OF \_\_\_\_\_ IN HONOR OF

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PLEASE SEND NOTIFICATION TO:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

4. PLEASE SHINE A LIGHT \_\_\_\_\_ IN MEMORY OF \_\_\_\_\_ IN HONOR OF

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PLEASE SEND NOTIFICATION TO:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ADD ADDITIONAL NAMES AND INFORMATION ON A SEPARATE PIECE OF PAPER. THANK YOU.