

Celebration of Life Form
HOSPICE SUPPORT, INC.
PO BOX 1417
EL CAMPO, TX 77437
PHONE # 979-578-0314

Name of Donor: _____

Address: _____

City, State and Zip: _____

Phone Number: _____

E-mail Address: _____

Purchase Ornament(s) - \$15 or more per ornament X # ___ = _____

If mailing is required, please include \$5.00 per ornament for mailing. X # ___ = _____

Be a Patron with a donation of \$100.00 or more X # ___ = _____
(ornament sold separately)

Lunch \$7.00 X # ___ = _____

Make a donation without an ornament = _____

Total of check/credit card payable to "Hospice Support, Inc." = _____

_____ Please bill my credit card _____ Master Card _____ Visa

Card Number: _____ Expiration Date: _____

Name as it appears on the card: _____

Signature of card holder: _____

Thank you for your tax-deductible donation made payable to: **HOSPICE SUPPORT, INC.**
We are a 501(c)(3) not-for-profit organization. The foundation will inform family members or individuals honored of your thoughtfulness.

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Please print the name of the person as it should appear on the ornament.

In Joyful Celebration of:

1) _____

Display in: _____ Bay City _____ El Campo _____ Wharton

2) _____

Display in: _____ Bay City _____ El Campo _____ Wharton

3) _____

Display in: _____ Bay City _____ El Campo _____ Wharton

4) _____

Display in: _____ Bay City _____ El Campo _____ Wharton

ACKNOWLEDGEMENTS

1) _____

_____ to receive acknowledgement _____ to receive ornament _____ both

Address: _____

City, State, Zip: _____

2) _____

_____ to receive acknowledgement _____ to receive ornament _____ both

Address: _____

City, State, Zip: _____

3) _____

_____ to receive acknowledgement _____ to receive ornament _____ both

Address: _____

City, State, Zip: _____

4) _____

_____ to receive acknowledgement _____ to receive ornament _____ both

Address: _____

City, State, Zip: _____