# *Celebration of Life*

## Mail in- Order Form

Ornaments and/or Luncheons



**Hospice Support, Inc.**
**PO Box 1417**
**El Campo, TX 77437**
**(979) 578-0314**

Name of Donor: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail Address: _____

Purchase Ornament(s) - $15.00 per ornament $15.00 X _____ = _____

If you want the ornament mailed, please add $8.00 $ 8.00 X _____ = _____

Be a Patron with a donation of $100.00 or more = _____
(Includes one ornament. Donor will be listed in the program)
(Does not include mailing fee)

Lunch $15.00 per person $15.00 X _____ = _____

Make a donation without an ornament = _____
(Donor will not be listed in the program)

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

Please bill my credit card: Visa_____ MasterCard_____

Name as it appears on the card being used: _____

Address where credit card bill is sent: _____

Card Number: _____Expiration Date: _____

CVV# on back of card: _____

***NOTE:*** This information will be shredded as soon as it is run in our secure computer system. You will be mailed a receipt.

Signature of card holder: _____

Thank you for your tax-deductible donation made payable to: HOSPICE SUPPORT, INC.
We are a 501 (c)(3) non-profit organization. The foundation will inform the family members or individuals honored of your thoughtfulness. **Please see Page 2 for instructions for personalization of the ornaments and acknowledgements.**

**Please <u>print</u> the name of the person(s) as it should appear on the ornament**

The ornament tag reads: **In Joyful Celebration of:**

1). _____

2.) _____

3.) _____

4.) _____

**Acknowledgements**

1.) Name of person to receive acknowledgement: _____

Address: _____

City, State, Zip: _____

This person is to receive: _____ Acknowledgment _____Ornament (Requires mailing fee) _____Both

2.) Name of person to receive acknowledgement: _____

Address: _____

City, State, Zip: _____

This person is to receive: _____ Acknowledgment _____Ornament (Requires mailing fee) _____Both

3.) Name of person to receive acknowledgement: _____

Address: _____

City, State, Zip: _____

This person is to receive: _____ Acknowledgment _____Ornament (Requires mailing fee) _____Both

4.) Name of person to receive acknowledgement: _____

Address: _____

City, State, Zip: _____

This person is to receive: _____ Acknowledgment _____Ornament (Requires mailing fee) _____Both