

**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 \$5.00 \$ 5.00 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 **print** 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