

DONOR'S NAME \_\_\_\_\_

(PLEASE PRINT)

ADDRESS \_\_\_\_\_

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

LIGHTS MAY BE PURCHASED THROUGH A MINIMUM DONATION OF \$10.00.

ALL PROCEEDS BENEFIT ST. JOSEPH HEALTH HOSPICE SERVICES.

OUR MISSION IS TO PROVIDE COMPASSIONATE AND INDIVIDUALIZED END OF LIFE CARE FOR PATIENTS AND THEIR FAMILIES.

I WOULD LIKE TO LIGHT UP A LIFE:

ENCLOSED IS A GIFT OF \$ \_\_\_\_\_

FOR \_\_\_\_\_ LIGHTS IN MEMORY OR HONOR OF THOSE LISTED BELOW

ALSO INCLUDED IS MY YEAR-END GIFT OF:

o \$100 o \$250 o \$500 o \$1000 o Other \_\_\_\_\_ Total: \_\_\_\_\_

I would like my gift to benefit (please select your choices):

o Grief Services o Volunteer Services o Community Services o Wherever the need is greatest

\*\*PLEASE NOTE: To ensure that your loved one's names are added to the memory book in time for the events, please have this card and your donations arrive to the address on the reply envelope by Friday, Nov. 23rd.\*\*

PAYMENT INFORMATION

o CHECK o MASTERCARD o VISA o AMEX

Please make checks payable to: St. Joseph Health Hospice Services

CC# \_\_\_\_\_ AUTH # \_\_\_\_\_ EXP. \_\_\_\_ / \_\_\_\_

NAME ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

USE REVERSE SIDE TO REMEMBER OR HONOR ADDITIONAL LOVED ONES.

\*\*Please note it takes at least two weeks to process and send out acknowledgment cards.\*\*

PLEASE PRINT YOUR NAME CLEARLY AND AS YOU WOULD LIKE IT TO APPEAR ON THE ACKNOWLEDGMENT:

YOUR NAME: \_\_\_\_\_

o IN MEMORY OF: NAME: \_\_\_\_\_
o IN HONOR OF: \_\_\_\_\_

SEND ACKNOWLEDGMENT TO:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

PLEASE **PRINT** YOUR NAME CLEARLY AND AS YOU WOULD LIKE IT TO APPEAR ON THE ACKNOWLEDGMENT:

YOURNAME: \_\_\_\_\_

IN MEMORY OF: NAME: \_\_\_\_\_  
 IN HONOR OF: \_\_\_\_\_

SEND ACKNOWLEDGMENT TO:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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PLEASE **PRINT** YOUR NAME CLEARLY AND AS YOU WOULD LIKE IT TO APPEAR ON THE ACKNOWLEDGMENT:

YOURNAME: \_\_\_\_\_

IN MEMORY OF: NAME: \_\_\_\_\_  
 IN HONOR OF: \_\_\_\_\_

SEND ACKNOWLEDGMENT TO:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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PLEASE **PRINT** YOUR NAME CLEARLY AND AS YOU WOULD LIKE IT TO APPEAR ON THE ACKNOWLEDGMENT:

YOURNAME: \_\_\_\_\_

IN MEMORY OF: NAME: \_\_\_\_\_  
 IN HONOR OF: \_\_\_\_\_

SEND ACKNOWLEDGMENT TO:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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PLEASE **PRINT** YOUR NAME CLEARLY AND AS YOU WOULD LIKE IT TO APPEAR ON THE ACKNOWLEDGMENT:

YOURNAME: \_\_\_\_\_

IN MEMORY OF: NAME: \_\_\_\_\_  
 IN HONOR OF: \_\_\_\_\_

SEND ACKNOWLEDGMENT TO:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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