

26<sup>th</sup> Annual  
Celebration of LIFE  
Tree of Remembrance




Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

*Suggested donation of \$25 for each ornament.*

<p>Angel Ornament <b>Quantity</b> _____ <i>Customization</i></p>  <p>_____</p> <p>_____</p>	<p>Dove Ornament <b>Quantity</b> _____ <i>Customization</i></p>  <p>_____</p> <p>_____</p>	<p>Snowflake Ornament <b>Quantity</b> _____ <i>Customization</i></p>  <p>_____</p> <p>_____</p>
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\_\_\_\_\_ **Ship immediately**

*\*There will be a processing fee for each ornament shipped. \$5 for one, \$7 for two, \$9 for three or more\**

\_\_\_\_\_ **Pick up December 19-23rd at Pickering House**

*No processing fee*

\_\_\_\_\_ **Ship after December 31st**

*\*There will be a processing fee for each ornament shipped. \$5 for one, \$7 for two, \$9 for three or more\**

Ornament Quantity \_\_\_\_\_

\*Processing Fee \_\_\_\_\_

Total \_\_\_\_\_

I do not wish to purchase an ornament but would like to make a donation in honor/memory of my loved one(s)

My donation is in  Memory  Honor of: \_\_\_\_\_

\$25 \_\_\_ \$50 \_\_\_ \$100 \_\_\_ Other \$ \_\_\_\_\_ No goods or services were received in exchange for the contribution.

**Donation Information**

I have enclosed my check made payable to:  
**FAIRHOPE Hospice & Palliative Care, Inc.**

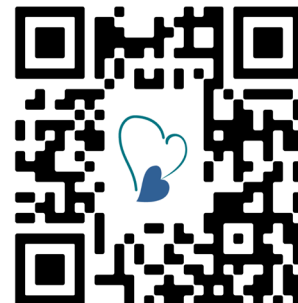
**Please bill my credit card**

Cardholder name \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_ Card billing zip code \_\_\_\_\_

Customer Signature \_\_\_\_\_



**Return order form to: FAIRHOPE Hospice & Palliative Care, Inc. • 282 Sells Rd., Lancaster OH 43130**

FAIRHOPE Hospice & Palliative Care, Inc. is 501(c)(3) not-for-profit charitable organization. You have the right to opt out of receiving fundraising communications from FAIRHOPE Hospice. If you wish to no longer receive information for fundraising purposes only, notify Privacy Officer at (740) 654-7077 and indicate you do not wish to receive future mailings.