Wes, I would like to support compassionate care and comfort to local families



Enclosed is my Season of Hope gift of:		
\$35 \$50 \$100 \$200 \$250 \$450	Other	
Please charge my gift to:		
□VISA □MC □AMEX		
Credit Card #	Exp. Date	CID
Print your name		
Address		
City, State, ZIP		
Phone Email		
Signature		
My gift is made in \square Memory of \square Honor of \square		
Please notify the following of my gift (without specifying		
Name		
Address		
City, State, ZIP		
oley, olate, 211		
For my gift of \$200, I would like the HOPE orn	ament Dove ornament	
For my gift of \$250, I would like the $\ \square$ HOPE orn	ament Dove ornament	
Etch my ornament with the following (18 characters max, i	ncluding spaces):	
For my gift of \$450 or more, I would like the follow	ving two ornaments.	
#1 HOPE ornament Dove ornament		
Etch my first ornament with the following (18 characters	s max, including spaces):	
— — — — — — — — — — — — — — — — — — —		
Etch my second ornament with the following (18 char		
	acters max, including spaces):	
Please send the ornament(s) to the following addre	ess (please print clearly)	
Name		
Address		
City. State. 7IP		

RETURN THIS FORM TO Hope Hospice, Development Department 6377 Clark Avenue, Suite 100, Dublin CA 94568.