

**YES**, 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    Memory of    Honor of \_\_\_\_\_

Please notify the following of my gift (without specifying the amount)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

For my gift of \$200, I would like the    HOPE ornament    Dove ornament

For my gift of \$250, I would like the    HOPE ornament    Dove ornament

Etch my ornament with the following (18 characters max, including spaces):

For my gift of \$450 or more, I would like the following **two** ornaments.

#1    HOPE ornament    Dove ornament

Etch my **first** ornament with the following (18 characters max, including spaces):

#2    HOPE ornament    Dove ornament

Etch my **second** ornament with the following (18 characters max, including spaces):

Please send the ornament(s) to the following address (please print clearly)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

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



For additional ornaments, provide the required information on a sheet of paper and return with this completed form.  
**Please allow approximately 2 weeks for ornament delivery.**

APPWIN20