

2021 SEASON OF HOPE



Enclosed is my Season of Hope gift of:

\$50 \$100 \$150 \$250 \$500 Other _____

Check, payable to Hope Hospice

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 \$150, I would like **ONE** ornament etched with the following (18 characters max, including spaces):

For my gift of \$250 or more, etch **TWO** ornaments with the following (18 characters max, including spaces):

#1

#2

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

Name _____

Address _____

City, State, ZIP _____

RETURN THIS FORM TO

Hope Hospice Philanthropy Department
6377 Clark Ave., Ste. 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.

SOH21