

2024 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 Gift Processing
6801 Koll Center Parkway, Suite 140, Pleasanton, CA 94566

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.

SOH24-25