

YES! I (WE) WANT TO "LIGHT A LIFE" FOR HOSPICE.

Please use my gift to continue the mission of St. Peter's Health Hospice.

Name(s) _____

(As it should appear for recognition purposes—please print, thank you!)

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

My (Our) gift is enclosed: \$50 \$100 \$250 \$500 or more, donor will receive special ornament \$1,000 Other \$ _____

Suggested minimum gift of \$15 per honorarium or memorial

Check is enclosed, made out to SPH Foundation *-or-* charge my: AMEX VISA MasterCard Discover

Card Number: _____ Exp: _____ CCV#: _____ Signature: _____

I would like my gift to benefit:

- St. Peter's Health Hospice Fund
- Dianne Armstrong Endowed
Scholarship for Future Nurses Fund
- Greatest Need Fund
- Patient Assistance Fund

OVER >>

Gifts may be made **In Living Honor** of or **In Memory** of a special person in your life.

Gifts received by Dec. 1st will be recognized in the program if the name(s) and addresses are completed in full. Please print.

1 _____ In Living Honor In Memory

Send acknowledgement to: _____

Address _____ City _____ State _____ Zip _____

2 _____ In Living Honor In Memory

Send acknowledgement to: _____

Address _____ City _____ State _____ Zip _____

3 _____ In Living Honor In Memory

Send acknowledgement to: _____

Address _____ City _____ State _____ Zip _____

4 _____ In Living Honor In Memory

Send acknowledgement to: _____

Address _____ City _____ State _____ Zip _____

5 _____ In Living Honor In Memory

Send acknowledgement to: _____

Address _____ City _____ State _____ Zip _____

6 _____ In Living Honor In Memory

Send acknowledgement to: _____

Address _____ City _____ State _____ Zip _____