

Hearts of Remembrance

Remembering someone who touched your life.

My gift is in memory of _____

My gift is in honor of _____

Enclosed is my gift of:

\$250 \$100 \$50 \$35 \$25 Other \$ _____

I want to make a gift without receiving a heart. Here is my gift of \$ _____

Payment by: Check (payable to The Arbor Hospice Foundation)

Visa MasterCard American Express

Card # _____ Expiration date _____ Code _____

Signature (for credit card orders only) _____

My Name _____

Street _____

City/State/Zip _____

Phone _____

E-mail _____

Please check one (attach a separate sheet if you would like to send to multiple recipients).

Please mail my heart to me at the address above.

Please mail my heart to the person or persons below, with a note identifying me as the sender.

Recipient's Name _____

Street _____

City/State/Zip _____

Thank You for Giving the Gift of Hospice! For more information, phone 1-888-992-CARE (2273), ext. 120, fax this form to 734-662-9000 or visit us online at www.arborhospice.org. The Arbor Hospice Foundation is a not-for-profit 501(c)(3) organization. Your gift is tax deductible to the extent allowed by law.