

Name(s) _____

Address _____ City/ST/Zip _____

Email _____ Phone _____

I/We would like to make a *year-end* donation in the amount of \$ _____

I/We would like to illuminate *Lights of Remembrance*:

\$25 One Light \$50 Five Lights \$100 String of Lights

In memory/honor of _____

Please send notification of my gift to:

Name _____ Address _____

(Please list additional remembrances on a separate sheet)

Credit Card # _____ Exp _____ Total \$ _____

Checks may be made payable to *All Care Hospice or All Care VNA*.



I/We will attend the *Lights of Remembrance*. # _____ attending.

Questions? (800)246-2449 x119/jchamberlin@allcare.org

All Care is a 501(c)(3) charitable organization. Donations are tax-deductible.



A Gift for You

**With your gift of \$100 or more,
All Care says thank-you with...**

**a beautifully crafted
hospice angel keepsake
in memory of your loved one~**

