

Hearts of Remembrance



Yes, I want to remember a loved one.

- I would like _____ ornament(s) for \$30 per ornament.
- I want to make a gift but prefer not to receive an ornament.
 - \$100 \$250 \$500 \$1,000 \$2,000 Other \$ _____
- I would like to make an additional donation of:
 - \$100 \$250 \$500 \$1,000 \$2,000 Other \$ _____

DONOR INFORMATION (please print clearly)

Name _____

Address _____

City _____

State _____ Zip _____

Email _____

Phone _____

Payment: Check Credit

Name on Card _____

Card # _____

Exp _____ CVC _____ Total Due: \$ _____

HomeCare & Hospice of the Valley is a 501(c)(3) nonprofit organization, your gift is tax deductible to the fullest extent of the law.

I would like the name(s) listed below presented at the selected locations.

Please print clearly. Names need to be received 48 hours prior to event for program.

Aspen Glenwood Springs Edwards Snowmass Village

Gift #1

In memory of _____

In honor of _____

Please send the ornament to me. Please send the ornament to:

Name _____

Address _____

City _____

State _____ Zip _____

Gift #2

In memory of _____

In honor of _____

Please send the ornament to me. Please send the ornament to:

Name _____

Address _____

City _____

State _____ Zip _____

Gift #3

In memory of _____

In honor of _____

Please send the ornament to me. Please send the ornament to:

Name _____

Address _____

City _____

State _____ Zip _____

To order additional ornaments, please attach a separate sheet of paper with names and addresses.



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