

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 during the online event.

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

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.



823 Grand Avenue, Suite 300
Glenwood Springs, CO 81601
970-930-6009 www.HCHOTV.org