

light up a Life

In celebration of a birth of a child . . . Light up a Life
 In memory of a loved one . . . Light up a Life
 In honor of someone special . . . Light up a Life

GIVING OPPORTUNITIES:

LEAF: Your donation of \$500 will place an engraved leaf inside the Hendrick Hospice Care Center.

BRICK: Your donation of \$250 will place a 4x8-inch engraved brick on the Legacy Park walkway.

PAVER: Your donation of \$500 will place an 8x8-inch engraved paver on the Legacy Park walkway.

BULB: Your donation of \$20 or more will light a bulb on a tree at the Mall of Abilene or Roscoe Bank in Sweetwater. Become a Hospice Star by pledging \$20 per month for one year.

WAYS TO GIVE:

- Online through our secure website at hendrickhospice.org
- Sweetwater - Roscoe Bank, 209 Cedar Street
- Mail this form or drop off at Hendrick Hospice Care, 1651 Pine Street, Abilene, Texas 79601
- **Estate Planning:** To learn more about this option, call 325-670-2204.

All text is centered unless otherwise specified. Please write legibly and in all uppercase letters. For multiple donations, attach a paper with your additional inscriptions.

LEAVES: \$ _____ for _____ engraved leaf/leaves(s) at \$500 per leaf.
 Each leaf has 3 lines with 18 characters per line.

PAVERS: \$ _____ for _____ paver(s) at \$500 per paver.
 Each paver has 8 lines with 18 characters per line.

BRICKS: \$ _____ for _____ brick(s) at \$250 per brick.
 Each brick has 3 lines with 18 characters per line.

BULBS: \$ _____ for _____ bulb(s) at \$20 per bulb. *(See back for dedications.)*
 Or, be a Hospice Star by pledging \$20 a month for 12 months for 12 bulbs.

Donation Contact:

Your Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Total Donation:

Cash: _____

Check: _____

Credit Card: (circle one): MasterCard Discover Visa American Express

Name on Card: _____

Credit Card Number: _____

Expiration: _____ CVV: _____ Zip Code: _____

I authorize Hendrick Health to make the above transaction.

Signature: _____ Date: _____

Bulb Dedications:

<p>My Gift of Light is:</p> <p><input type="checkbox"/> In Memory Of <input type="checkbox"/> In Honor Of</p> <p>Name _____</p> <p><input type="checkbox"/> Mall of Abilene <input type="checkbox"/> Roscoe Bank, Sweetwater</p>	<p>My Gift of Light is:</p> <p><input type="checkbox"/> In Memory Of <input type="checkbox"/> In Honor Of</p> <p>Name _____</p> <p><input type="checkbox"/> Mall of Abilene <input type="checkbox"/> Roscoe Bank, Sweetwater</p>
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If you wish to have your name removed from the Hendrick Health fundraising list, please call 325-670-6963 or email hospice@hendrickhealth.org.

Hendrick Hospice Care is a 501(c)(3) organization and under IRS guidelines and contributions may be tax deductible.

