

INTEGRIS

Hospice



Yes, count on my support for Hospice patients and their families through the Tree of Life campaign!

- | | |
|----------------------------------|---|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$100 |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> \$250 | <input type="checkbox"/> Other \$ _____ |

.....

MY GIFT IS MADE IN MEMORY OF:

With gratitude for your gift, we will send you a personalized Tree of Life ornament in memory of your loved one. Please write the name(s) as you would prefer it to be listed on your ornament:

Please check here if you do not wish to receive a personalized ornament:

.....

Give online at integrisgiving.org/give-now

Your Name or Company Name

Address

City

State

Zip

Work Home

Your Preferred E-mail Address

Mobile Work Home

Your Preferred Phone Number

.....

Give by check. *Please make payable to INTEGRIS Foundation.*

Give by credit card. *Please complete information below.*

Credit Card Number

Expiration Date

Signature