



Count on my support for hospice patients and their families through the Tree of Life campaign.



- \$1,000 \$100
- \$500 \$50
- \$250 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 if you do not wish to receive a personalized ornament.

[Give online at integrisingiving.org/treeoflife](http://integrisingiving.org/treeoflife)

Your name or company name

Address

City

State

Zip

Work Home

Your preferred email address

Mobile Work Home

Your preferred phone number

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

Give by credit card *Please complete information below.*

Credit card number

Expiration date

Signature