



Festival of Trees

December 1st – 31st 2016

Sponsor/Organization Name _____

Address _____

Phone # _____ Name of Contact Person _____

Please choose one payment option

- Enclosed is our check for the full amount of \$300.
- Please send us an invoice.

Please choose one decorating option

- We will be responsible for having our tree decorated.
- We request that Hospice be responsible for having our tree decorated. Please know that when Hospice solicits a decorator, *the decorator* selects the theme of the tree.

Please return this form to:
Hospice of Stanly & the Uwharrie
960 N. First St. Albemarle NC
Or you may email bplowman@hospiceofstanly.org