



2021 Hospice Angels

Honor or remember your angels this year by purchasing a *hospice angel*, hand crafted by our volunteers. Each angel will be personalized and placed on our angel trees with a \$10 donation.

Order Hospice Angels...

- ◆ Mail this form: 960 N. First St. Albemarle, NC 28001
- ◆ Visit our website: hospiceofstanly.org
- ◆ Return the order form to the Hospice of Stanly office
(Leave in dropbox on front door)

Angel Purchased by: _____ Phone: _____

Your Address: _____

I wish to purchase _____ angels @ \$10 each Amount enclosed \$ _____

Please, Only one name per Angel.

Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____

Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____

Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____

Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____

Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____

Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____

If you need additional space, please use the back of this form.

**Purchased angels will be available for pickup by Purchaser only
January 18th & 19th from 10am until 4:30pm.**

Your gift to Hospice allows us to continue our focus on the comfort of our patients—and the spiritual, emotional, psychological support we provide to both patient and family alike.

For more information call Hospice at 704-983-4216



For office use only:
 Cash _____
 Check _____
 Credit _____

Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____	Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____
Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____	Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____
Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____	Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____
Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____	Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____

Credit Card Sales

Name on Credit Card: _____ Phone: _____
Address of Card Holder: _____
City: _____ State: _____ Zip: _____
Credit Card Number: _____
Expiration Date: _____
3 Digit Code on Back of Card: _____
Date: _____
Total sales:\$ _____

Make copy for purchaser's receipt if requested