

# 2022 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](http://hospiceofstanly.org)
- ◆ Return the order form to the Hospice of Stanly office (Leave in dropbox on front door)

Angel Purchased by: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**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 17th & 18th from 10am until 4:00pm.**

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 _____
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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: _____ _____

**\*For Credit Card Sales Only\***

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 a copy as purchaser's receipt if requested\***