

YES! I will *Light Up A Life* this holiday season!

- I would like to purchase _____ ornament cards (\$10 each) Total: \$ _____
- I want Community Healthcare of Texas to mail my cards for me. I have completed the form below.
- I will complete and mail my own cards. Please send me: # _____ In Memory Cards # _____ In Honor Cards
- I do not want ornament cards, but enclosed is my donation of:
- \$10 \$25 \$100 \$250 \$500 \$1,000 other: \$ _____

Check which Compassionate Care Fund you want your gift designated to:

- Where needed most Cleburne Dallas Fort Worth Mexia Waco Whitney
- Hospice House Downtown Hospice House Huguley Providence Hospice Place

Your name as you wish it to appear on acknowledgment _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone Number _____

Please make checks payable to: **Community Healthcare of Texas**. You may also make a secure donation online at www.chot.org

- Visa Mastercard Discover American Express

Credit Card # _____ Exp. Date. _____ Security Code _____

Signature _____

My Gift of Light is in Memory of: _____
 Honor

Please send acknowledgment to: _____

Address _____ City _____ State _____ Zip _____

My Gift of Light is in Memory of: _____
 Honor

Please send acknowledgment to: _____

Address _____ City _____ State _____ Zip _____

My Gift of Light is in Memory of: _____
 Honor

Please send acknowledgment to: _____

Address _____ City _____ State _____ Zip _____