



*Hospice Light Up A Life*  
**Light Up A Life Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I am aware of the work of Humboldt County Hospice Foundation and wish to support its growing program of service to the terminally ill and their families in Humboldt County.

Please place a light:

In Memory Of: (for the deceased)  
\*Please include phonetic spelling

In Honor Of: (for the living)  
\*Please include phonetic spelling

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Please notify the following that I have made this memorial gift:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

You may pay online at [www.humboldthospital.org/humboldt-county-hospice-foundation](http://www.humboldthospital.org/humboldt-county-hospice-foundation) by cash or check for a minimum of \$20 per name, please make payable to:

Humboldt County Hospice Foundation  
1000 15th St. N.  
Humboldt, IA 50548

If more than one memorial designation is to be made, please include necessary information on a sheet of paper and enclose with the donation. Contributions are tax deductible. Thank you!