



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

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 by cash or check for a minimum of \$10 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!