

LIGHT UP A LIFE FORM

Name _____

Mailing 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)

In Honor Of: (for the living)

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

Name _____

Address _____

City _____ State _____ Zip Code _____

Checks for a minimum of \$10.00 per name are to be made payable to:

Humboldt County Hospice Foundation

P. O. Box 183, 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 check. Contributions are tax deductible. Thank you!