

Tree of Life Order Form

Print and fax to (509) 525-3517

or mail to Walla Walla Community Hospice, 1067 Isaacs Ave., Walla Walla, WA 99362

Name _____
Address _____
City, State, Zip _____
Phone _____

I would like ____ symbolic light(s) to shine on the Tree of Life.

Total lights ____ x \$10.00 = \$ _____

I would like ____ symbolic light(s) and glass tree ornament(s).

Total light/ornament packages ____ x \$25.00 = \$ _____

I would like to help continue the compassionate care of Walla Walla
Community Hospice with a year end gift: \$ _____

Total \$ _____

- ☐ My check is enclosed
☐ Please charge to my VISA or Mastercard (circle one)

Card # _____ V code # _____
Exp. Date _____ Signature _____

1. In Memory of/Living Tribute to:

(circle one)

Name _____

**Please send acknowledgement
of my gift to:**

Name _____

Address _____

City, State, ZIP _____

Send ornament to:

Name _____

Address _____

City, State, ZIP _____

2. In Memory of/Living Tribute to:

(circle one)

Name _____

**Please send acknowledgement
of my gift to:**

Name _____

Address _____

City, State, ZIP _____

Send ornament to:

Name _____

Address
City, State, ZIP
