

# The Annual Hospice Tree of Lights

## ANGEL ORNAMENT & CANDLE FORM

*Please print legibly and check all boxes that apply for each person you wish to honor.  
If you would like to honor more people than allowed on this form, please write legibly on the back with the information below.*

Name of loved one \_\_\_\_\_

Your name \_\_\_\_\_

In memory of  In honor of  Please add my loved one's name on an Angel Ornament (\$25) or Candle (\$10)

Name of loved one \_\_\_\_\_

Your name \_\_\_\_\_

In memory of  In honor of  Please add my loved one's name on an Angel Ornament (\$25) or Candle (\$10)

Name of loved one \_\_\_\_\_

Your name \_\_\_\_\_

In memory of  In honor of  Please add my loved one's name on an Angel Ornament (\$25) or Candle (\$10)

Name of loved one \_\_\_\_\_

Your name \_\_\_\_\_

In memory of  In honor of  Please add my loved one's name on an Angel Ornament (\$25) or Candle (\$10)

Number of Angels \_\_\_\_\_ x \$25.00 each = \$ \_\_\_\_\_

Number of Candles \_\_\_\_\_ x \$10.00 Each = \$ \_\_\_\_\_ Total Amount Submitted \$ \_\_\_\_\_

**Please make checks payable to: GMC Foundation**

**To pay by debit/credit, please fill out the form below or pay by phone (406) 345-3373.**

Name on Credit Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_

CVV number on back of card \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number to call in case of issues: \_\_\_\_\_

Email to send confirmation of receipt to (optional): \_\_\_\_\_



**Glendive  
Medical  
Center  
Foundation**

**Mail this form & payment to:**

**GMC Foundation, 202 Prospect, Glendive, MT 59330**

**Form and payment must be received by November 22, 2024**

**Thank you for supporting GMC Hospice!**