



Memorial Ornament Order Form

Donor Information

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

This is a change of name and/or address. Please add me to your e-newsletter list.

Donation Amount

\$25 \$50 \$75 \$100 Other \$ _____

(Minimum \$10 donation per ornament, please)

Payment Information

Check enclosed (payable to St. Francis Foundation)

Charge to: Visa MasterCard

Card # _____ Expiration Date: ____/____
3 digit authorization code (on back of card) _____

Name as it appears on card: _____

Signature of authorized user: _____

Additional Information

Total number
of ornaments

***Please sign below giving permission to display name of person(s) to be remembered at the Hyatt Regency Downtown:**

Name: _____ **Date:** _____

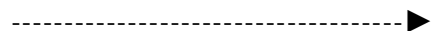
Thank you for supporting Open Arms Hospice!

Need another order form: Please visit our website or contact us to receive one by mail.

St. Francis Foundation • One St. Francis Drive • Greenville, SC 29601

Phone: (864) 255-1040 • Fax: (864) 679-8879 • Web: www.stfrancisfoundation.com

ORNAMENT INFORMATION





Ornament Information

In memory of: _____

Please send the ornament to:

Donor address (above) Different address (below) *Do not send an ornament*

Name(s) _____

Address _____

City _____ State _____ Zip _____

In memory of: _____

Please send the ornament to:

Donor address (above) Different address (below) *Do not send an ornament*

Name(s) _____

Address _____

City _____ State _____ Zip _____

In memory of: _____

Please send the ornament to:

Donor address (above) Different address (below) *Do not send an ornament*

Name(s) _____

Address _____

City _____ State _____ Zip _____