



Dear Friends,

In the spirit of the season, the Wells County Foundation is pleased to sponsor the annual "Hope Lights a Tree" program. This special tradition is an opportunity to honor someone meaningful in your life while supporting the Angel of Hope Memorial Park in our community.

With a donation of any amount, an ornament will be placed on the tree located at Angel of Hope Memorial Park in Bluffton. Your donation may be made in memory of someone who has passed away or in honor of someone who is living. In addition to the ornament placed on the tree, you will receive a second ornament as a keepsake. Keepsake ornaments may be picked up immediately following the tree lighting and remembrance ceremony on December 6, or at the Wells County Foundation office after December 6.

Proceeds from the "Hope Lights a Tree" program are placed in the Angel of Hope Memorial Park Endowment Fund, which provides funding for the maintenance and upkeep of this beautiful community park.

To participate, complete the participation form below and return it, along with your check or money order payable to The Wells County Foundation, Inc., 222 W Market Street, Bluffton, IN 46714. All gifts received by December 1 will be acknowledged by name during the December 6 ceremony.

Whether or not you choose to make a donation, you are invited and encouraged to attend the tree lighting and remembrance ceremony. It will be held December 6 at 7 p.m. at Angel of Hope Memorial Park.

Thank you for helping keep this meaningful tradition alive. With your continued support, we can keep the light of hope shining brightly in our community!

Sincerely,

Hope Lights a Tree Committee



Hope Lights a Tree

Return form to the Wells County Foundation, 222 W Market Street, Bluffton

Donor Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Amount Enclosed: _____ (Payable to The Wells County Foundation)

Gifts received by December 1 will be acknowledged during the ceremony

Please Print Clearly. For more than 3 ornaments attach a separate sheet

ORNAMENT 1	☐ In memory of	NAME AS IT SHOULD APPEAR ON ORNAMENT
	☐ In honor of	
	I WOULD LIKE A NOTE SENT INFORMING SOMEONE OF MY GIFT ☐ Yes - Provide information below: ☐ No Name: _____ Full Address: _____	

ORNAMENT 2	☐ In memory of	NAME AS IT SHOULD APPEAR ON ORNAMENT
	☐ In honor of	
	I WOULD LIKE A NOTE SENT INFORMING SOMEONE OF MY GIFT ☐ Yes - Provide information below: ☐ No Name: _____ Full Address: _____	

ORNAMENT 3	☐ In memory of	NAME AS IT SHOULD APPEAR ON ORNAMENT
	☐ In honor of	
	I WOULD LIKE A NOTE SENT INFORMING SOMEONE OF MY GIFT ☐ Yes - Provide information below: ☐ No Name: _____ Full Address: _____	

☐ Yes, I would like to receive a complimentary keepsake ornament.
If you are unable to attend the event on December 6th the ornament can be picked up at the Foundation office.

☐ No, I do not wish to receive a keepsake ornament.