

Hope Lights A Tree Participation Form

You may list up to three names on this form:

(Please Print Clearly)

I wish have an ornament made in memory of:

(Print the name as you would like it to appear on ornament)

1 _____

2 _____

3 _____

I would like a note sent to the following informing them of my gift:

Name: _____

Address: _____

City : _____

State: _____ Zip: _____

Please make check payable to: The Wells County Foundation

Amount enclosed \$ _____

Name: _____

Address: _____

City : _____

State: _____ Zip: _____

Phone _____

Email: _____

If you are unable to attend the event on December 6th the ornament can be picked up at the Foundation office or mailed to you.

Thank you for your thoughtful gift.