

Hope Lights A Tree Participation Form

(Please Print Clearly)

Make check payable to: The Wells County Foundation

Donor Name: _____

Address: _____

City : _____

State: _____ Zip: _____

Phone _____

Email: _____

Amount Enclosed _____

Ornament #1: I wish to give an ornament: _____ In honor _____ In memory
of _____
(Name as it should appear on ornament)

Ornament #2: I wish to give an ornament: _____ In honor _____ In memory
of _____
(Name as it should appear on ornament)

Ornament #3: I wish to give an ornament: _____ In honor _____ In memory
of _____
(Name as it should appear on ornament)

For more than three ornaments please attach a separate sheet.

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

Name: _____

Address: _____

City : _____

State: _____ Zip: _____

Thank you for your thoughtful gift.

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