

Hope Lights a Tree

In the spirit of the season, the Wells County Foundation is pleased to sponsor the annual "Hope Lights a Tree" program. This unique program is a wonderful opportunity to honor a special person in your life and to know that by doing so, you are supporting something positive in our community.

For a donation in any amount, an ornament will be placed on the tree located at the Angel of Hope Memorial Park in Bluffton. Your donation may be in memory of someone who has passed away or in honor of someone who is living. In addition to the ornament on the tree, you will receive a second ornament to keep. Your keepsake ornament can be picked up immediately following the annual remembrance ceremony on December 6 or at the Wells County Foundation starting December 8. Donations received through this program will be placed in the Angel of Hope Memorial Park Endowment Fund, which provides funding for maintenance and upkeep of this beautiful community park.

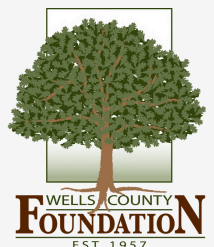
To participate in the "Hope Lights a Tree" program, complete the participation form below and return it along with your check or money order (payable to The Wells County Foundation, Inc.) to the Foundation office at 222 W Market Street, Bluffton, IN 46714. All gifts received by December 1 will be acknowledged during the ceremony.

Regardless of whether you contribute financially, you are invited and encouraged to attend the tree lighting and remembrance ceremony. It will be held Wednesday, December 6 at 7 p.m. in the Angel of Hope Memorial Park.

Thank you for your support. If you have questions regarding this project, please contact the Foundation office at 260-824-8620. With your continued support, we can keep the light of hope shining brightly in our community!

Sincerely yours,

Hope Lights a Tree Committee



Hope Lights a Tree

Donor Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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

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

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

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

ORNAMENT 3	NAME AS IT SHOULD APPEAR ON ORNAMENT
	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.