

# LIGHT UP A LIFE FORM

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I am aware of the work of Humboldt County Hospice Foundation and wish to support its growing program of service to the terminally ill and their families in Humboldt County.

Please place a light:

In Memory Of:

\_\_\_\_\_  
\_\_\_\_\_

Please place a light:

In Honor Of:

\_\_\_\_\_  
\_\_\_\_\_

Please notify the following that I have made this memorial gift:

Name \_\_\_\_\_

Address \_\_\_\_\_

Checks for a minimum of \$10.00 per name are to be made payable to:

**Humboldt County Hospice Foundation P. O. Box 183 Humboldt, IA 50548**

If more than one memorial designation is to be made, please include necessary information on a sheet of paper and enclose with the check. Contributions are tax deductible. Thank you!