

**Amberwell Hospice would like to invite you to attend our annual Remember Me Tree Lighting Ceremony. It will be held on Sunday, December 1, 2024, at 6:00pm in the Amberwell Atchison Lobby.**

**This event is an opportunity to pay tribute to family members and friends we have lost and to ensure continued care for those who cannot afford it themselves.**

**Your purchase of a personalized ornament will allow us to provide care for patients in financial need. Proceeds will be used to ensure care for all people, regardless of their ability to pay and to provide special comfort items for all hospice patients on service. A small portion of these funds may also be used for staff training and quality of life projects that benefit hospice patients and their families.**

**-----------------------------------------------------------Please detach ---------------------------------------------------------------------**

**Donor's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would you like the ornament mailed to you after the holidays?**

**Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_**

**There is a minimum of $10.00 donation for each ornament purchased.**

**Amount enclosed $\_\_\_\_\_\_in remembrance of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quantity\_\_\_\_\_**

**Amount enclosed $\_\_\_\_\_\_in remembrance of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quantity\_\_\_\_\_**

**Amount enclosed $\_\_\_\_\_\_in remembrance of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quantity\_\_\_\_\_**

**Amount enclosed $\_\_\_\_\_\_in remembrance of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quantity\_\_\_\_\_**

**Amount enclosed $\_\_\_\_\_\_in remembrance of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quantity\_\_\_\_\_**

**Amount enclosed $\_\_\_\_\_\_in remembrance of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quantity\_\_\_\_\_**

**Please make checks payable to "Amberwell Hospice" and**

**mail to Amberwell Hospice, 800 Raven Hill Drive, Atchison Kansas 66002.**

**If you have any questions please contact us at 913-360-5520.**