



Hospice Angel Tree - 2011

PURCHASE FORM
PLEASE PRINT

Acknowledgement Cards are **not** sent to the Purchaser—Only (1) Name Per Angel—Only (1) Name for Angels to be Picked up by

ANGEL PURCHASED BY _____

ANGEL TO BE PICKED UP BY—(1) Name Only _____

ADDRESS _____

PHONE _____

MEMORY HONOR (one name per Angel) _____

CHECK BOX FOR DISPLAY STANLY COMMONS WHITE STAR PHARMACY

SEND ACKNOWLEDGMENT TO (Cards are not sent to Purchaser) _____

ADDRESS _____

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MAKE CHECK PAYABLE TO: HOSPICE OF STANLY COUNTY, INC.
MAIL TO: 960 NORTH FIRST STREET, ALBEMARLE, NC 28001

DATE _____ I WISH TO PURCHASE a total of _____ ANGELS @ \$10.00 EACH. AMOUNT ENCLOSED \$ _____

PLEASE MARK THE APPROPRIATE BOX FOR THE LOCATION THAT YOU WOULD LIKE THE ANGELS DISPLAYED.
ANGELS THAT ARE NOT MARKED WILL BE PLACED ON THE TREES AT STANLY COMMONS.
ANGEL PICK-UP WILL BE AT THE HOSPICE OFFICE JANUARY 9-20, 2012 FROM 9:00AM—4:30PM