



Your holiday gift brings peace and hope.

ChurchHealth

To make your holiday gift, complete this form; use additional paper if necessary. Send us your list and contribution by mail or fax and each person will receive a beautiful Christmas card. We suggest a minimum contribution of \$10 per card. Please order by December 6, 2019 to ensure your cards arrive by Christmas.

Your Name(s) _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email address: _____

Check Enclosed or Visa MasterCard Discover Am Ex Amount: _____

Card # _____ Exp. Date _____ CVV # _____
(3 digit code on reverse of card)

In honor of: _____

Address: _____

Your name on the card: _____

In honor of: _____

Address: _____

Your name on the card: _____

In honor of: _____

Address: _____

Your name on the card: _____

In honor of: _____

Address: _____

Your name on the card: _____

In honor of: _____

Address: _____

Your name on the card: _____

In honor of: _____

Address: _____

Your name on the card: _____

In honor of: _____

Address: _____

Your name on the card: _____

In honor of: _____

Address: _____

Your name on the card: _____

Honorariums (Continued)

In honor of: _____

In honor of: _____

Address: _____

Address: _____

Your name
on the card: _____

Your name
on the card: _____

In honor of: _____

In honor of: _____

Address: _____

Address: _____

Your name
on the card: _____

Your name
on the card: _____

In honor of: _____

In honor of: _____

Address: _____

Address: _____

Your name
on the card: _____

Your name
on the card: _____

Memorials

In memory of: _____

In memory of: _____

Acknowledge: _____

Acknowledge: _____

Your name
on the card: _____

Your name
on the card: _____

In memory of: _____

In memory of: _____

Acknowledge: _____

Acknowledge: _____

Your name
on the card: _____

Your name
on the card: _____

THANK YOU FOR YOUR ORDER!



Church Health
care for one another