



Church Health  
care for one another

# Your holiday gift brings peace and hope.

To make your holiday gift, complete this form; use additional paper if necessary. Send us your list and contribution by mail and each person will receive a beautiful Christmas card. We suggest a minimum contribution of \$10 per card. Please order by December 8, 2023 to ensure your cards arrive by Christmas.

**For additional information contact [christmascards@churchhealth.org](mailto:christmascards@churchhealth.org) or call 901-701-2325.**

Your Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

**Amount:** \_\_\_\_\_  Check Enclosed OR  Visa  MasterCard  Discover  AmEx

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV# \_\_\_\_\_

(3 digit number on back)

How many total cards? \_\_\_\_\_

What name do you want as the signature on your cards? \_\_\_\_\_

(example: Mr. and Mrs. John Smith or John and Sue Smith or John and Sue.)

## Honorariums (Memorials on back):

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Name: \_\_\_\_\_

4) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5) Name: \_\_\_\_\_

6) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7) Name: \_\_\_\_\_

8) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

More on back.

**Honorariums continued.**

9) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

11) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

13) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

15) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

10) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

12) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

14) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

16) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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**Memorials:**

1) In memory of: \_\_\_\_\_

Acknowledgment: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

2) In memory of: \_\_\_\_\_

Acknowledgment: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

3) In memory of: \_\_\_\_\_

Acknowledgment: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

4) In memory of: \_\_\_\_\_

Acknowledgment: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

5) In memory of: \_\_\_\_\_

Acknowledgment: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

6) In memory of: \_\_\_\_\_

Acknowledgment: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

If you have more names, please attached a separate sheet.