



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 12, 2025 to ensure your cards arrive by Christmas.

For additional information contact 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: _____

10) Name: _____

Address: _____

Address: _____

11) Name: _____

12) Name: _____

Address: _____

Address: _____

13) Name: _____

14) Name: _____

Address: _____

Address: _____

15) Name: _____

16) Name: _____

Address: _____

Address: _____

Memorials:

1) In memory of: _____

2) In memory of: _____

Acknowledgment: _____

Acknowledgment: _____

Address: _____

Address: _____

3) In memory of: _____

4) In memory of: _____

Acknowledgment: _____

Acknowledgment: _____

Address: _____

Address: _____

5) In memory of: _____

6) In memory of: _____

Acknowledgment: _____

Acknowledgment: _____

Address: _____

Address: _____

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