2017 Memorial Angel Ornaments

Order Form

Your Name			
Address	City	State	Zip Code
Phone Number	Email		
How many Angel Ornaments would you *If you would like ornament(s) mailed,	like to order? at \$20 please add \$5.00 per ornament of	0.00* each	ddress for each below.
*Shippin	g and Handling at \$5.00 EACH	ornament	
	Total enclosed		
Would you like to purchase your Angel name(s) and complete address below. Th you purchased an Angel. If requesting A specified otherwise. We cannot send ca name printed on a card attached to the have name printed on the tag and place	ney will receive a special card no Angels to be mailed, the addres ards or Angels without complet angel(s), please print name cle	tifying them of the N ss listed below is wh e addresses. Also, if early and exactly as	Aemorial Service and that ere we will mail it unless you would like to have a you want it to appear. To
1. Please circle: In Honor :: In Memor	ry		
Name of person to be printed on a ca	rd and attached to the Angel _		
Name of person to be notified			
Address	City	State	Zip Code
2. Please circle: <i>In Honor :: In Memor</i> Name of person to be printed on a ca			
Name of person to be notified			
Address	City	State	Zip Code
3. Please circle: <i>In Honor :: In Memor</i> Name of person to be printed on a ca Name of person to be notified	ird and attached to the Angel _		
Address	City	State	Zip Code
4. Please circle: <i>In Honor :: In Memo</i> Name of person to be printed on a ca Name of person to be notified	ry Ird and attached to the Angel _		
Address			
Remit to: HospiceCare of the Piedmont Angel Ornament 408 West Alexander Avenue Greenwood, SC 29646			