2019 Memorial Angel Ornament

Order Form

Your Name			
Address	City	State	Zip Code
Phone Number	Email		
	uld you like to order? at \$25 nailed, please add \$5.00 per ornament an		
	*Shipping and Handling \$5.00 EACH	H ornament	
	Tota	al enclosed	
and that you purchased an Angel mail it unless specified otherwise would like to have a name printed you want it to appear. To have a be received no later than 11/14. 1. Please circle: In Honor :: In Name of person to be printed of	n Memory on a card and attached to the Angel	ne address listed thout complete a lease print name d on the memo	d below is where we will addresses. Also, if you e clearly and exactly as rial tree, the order must
Address	City	State	Zip Code
Please circle: In Honor :: In Name of person to be printed of Name of person to be notified. Address	n Memory on a card and attached to the Angel City	State	Zin Code
3. Please circle: In Honor :: In	Memory		
Address	City	State	Zip Code
4. Please circle: In Honor :: In Name of person to be printed on Name of person to be notified.	on a card and attached to the Angel		A
Address		State	Zip Code

Remit to: Hospice & Palliative Care of the Piedmont Angel Ornament 408 West Alexander Avenue Greenwood, SC 29646