

TREE OF LIFE DONATION Order Form

LMC FOUNDATION - a 501(c)3 non-profit organization
254.729.4317 lmcfoundation@lmchospital.com

IDEAS FOR THE ENGRAVING: In Memory of, In Loving Memory, Rejoicing the Life of, Biblical Quotation, Short prayer, Inspirational Quote, Recognition of Service, Lives Touched, Loved one favorite quote, Honor the organization's purpose, goal, motto, etc. Select or create your own idea.

PURCHASER INFORMATION: Purchaser name and contact information is critical. If a question or need of clarification arises relative to your order, we need to know how to contact you. PLEASE PRINT.

Name: _____

Phone: _____ Email (optional): _____

DONATION: Select and check ONLY ONE ITEM from the following list of items. If you desire more than one Acorn or Leaf, please complete a separate Order Form for EACH ITEM desired.

- | | |
|---|---|
| <input type="checkbox"/> engraved GOLD LEAF (\$300) | <input type="checkbox"/> engraved ACORN (\$1,000) |
| <input type="checkbox"/> engraved COPPER LEAF (\$100) | <input type="checkbox"/> engraved STONE & CLOUD (\$750) |
| <input type="checkbox"/> engraved SILVER LEAF (\$200) | <input type="checkbox"/> engraved DOVE (\$5,000) |

METHOD OF PAYMENT: LMC Foundation can accept payment by cash, check or credit card. Payment must be made when the order is placed.

LEAF MESSAGE: PLEASE PRINT your message to be engraved on the lines below. **Note:** The leaves should have no more than 60 characters and spaces. Too much content may make engraving smaller and harder to read. We do want to recognize your loved ones' life! Most use three lines --top, mid, and lower line 1 areas. The mid area is usually used to recognize the person and is in a larger font. **Check for accuracy.**

TOP AREA, line 1: _____ 14 pt print

top area, line 2 option (if needed): _____ 14 pt print

MID AREA, line 1: _____ 16 pt print

mid area, line 2 option (if needed): _____ 14 pt print

BOTTOM AREA, line 1: _____ 14 pt print

bottom line 2 option (if needed): _____ 14 pt print

For LMC Foundation use only:

cash amount received _____ check # _____ amount _____

credit card transaction # _____ amount _____