

LIGHT UP A *life*



Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Your gift of  \$15  \$25  \$50  \$100  
will illuminate a Hospice Memorial Tree

Enclosed is \$ \_\_\_\_\_ for \_\_\_\_\_ STARS Suggested donation \$15  
per star. Stars will be mailed to you and we will record  
the name of each person you wish to remember or honor in our  
**Annual BOOK OF LIFE.** Please provide names on reverse.

**HOSPICE MEMORIAL STAR PATRON** Donate \$150 or more and  
you will receive a commemorative glass ornament, quantities limited.

Additional stars will be available at each community ceremony  
and at the Hospice of Santa Barbara office.

Please make checks payable to Hospice of Santa Barbara, Inc.  
2050 Alameda Padre Serra, Suite 100, Santa Barbara, CA 93103

Credit Card No \_\_\_\_\_

Exp date \_\_\_\_ / \_\_\_\_ Card Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

**Please print names to be entered into the BOOK OF LIFE:**

In memory of \_\_\_\_\_

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In honor of someone living \_\_\_\_\_

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