

Angel Recognition Form

Please fill out this form and mail or email to: Hospice of Marion County Foundation ATTN: Kari Hamende P.O. Box 4860 Ocala, FL 34478-4860

KHamende@HospiceOfMarion.com

You have the opportunity to support Hospice of Marion County while paying tribute to a special hospice worker or volunteer who made a difference in your loved one's life and in the life of your family.

Your Angel will receive a special acknowledgement announcing that a contribution was made in their honor and also receive a special pinning recognition. Recipients wear their angel pins proudly.

I would like to honor an Angel with a donation of: \$\Boxed{\Boxed} \$\\$\\$ \\$\\$ \\$\\$\\$ \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$		
My gift is in honor of my Angel _	(Name of Empath Collea	gue or Volunteer)
Who cared for		
Payment Check: Please write checks to Hospice of Marion County Foundation Credit card: Please pay online at HospiceOfMarion.com/Donate, scan the QR Code at right; or, call Kari Hamende at (352) 291-5143. ONLINE		
Contact Information Your Name	Email Addı	ress
	Email	
City	State	Zip
☐ I plan on including Hospice of Marion County Foundation in my will or estate plan.☐ I have included Hospice of Marion County Foundation in my will or estate plan.		

Your Gift Helps Brighten Lives in Our Community!

