



**\$100 per ornament**  
**Please fill out gift form below**

Ornament orders will be mailed to the address provided unless special mailing arrangements are sent to:  
**jenine.ramirez@dignityhealth.org.**

Beginning **December 1**, tributee names will be listed on our website **supportwoodlandhealthcare.org.**

**Ornament Order #1**

THIS GIFT IS:

In Memory of     In Honor of

Tributee Name \_\_\_\_\_

**INSCRIPTION**

*Three lines of engraving, 15 characters each line, counting spaces. Only the wording listed below will be included on the ornament.*

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PLEASE SEND NOTIFICATION OF THIS GIFT TO:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**Ornament Order #2**

THIS GIFT IS:

In Memory of     In Honor of

Tributee Name \_\_\_\_\_

**INSCRIPTION**

*Three lines of engraving, 15 characters each line, counting spaces. Only the wording listed below will be included on the ornament.*

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PLEASE SEND NOTIFICATION OF THIS GIFT TO:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**Ornament Order #3**

THIS GIFT IS:

In Memory of     In Honor of

Tributee Name \_\_\_\_\_

**INSCRIPTION**

*Three lines of engraving, 15 characters each line, counting spaces. Only the wording listed below will be included on the ornament.*

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PLEASE SEND NOTIFICATION OF THIS GIFT TO:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

