



Enclosed is my "Hearts of Hope 2024" gift of \$ _____

\$15 per heart ornament
If you want your ornament mailed,
please consider donating additional funds for postage.

Please make your check payable to: **Springfield Hospital**
Memo: Hearts of Hope 2024

PLEASE DO NOT SEND CASH

FROM:(Please print) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Phone: _____

You may use the back of this form for additional ornaments.

Circle One - In Memory or Honor _____
Print Name

Mail ornament to
Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Circle One - In Memory or Honor _____
Print Name

Mail ornament to:
Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PLEASE NOTE:
Names of your honorees as well as yours as the donor will be in the ceremony program and shared on social media, including the hospital's website unless you specify differently.
Indicate here if you wish to opt out of this listing.
 Please do not include my name or my honoree.

Mail this form, along with your check to:
Springfield Hospital, Marketing and Development Dept., PO Box 2003, Springfield, Vermont 05156
Additional Ornaments

Circle One - In Memory or Honor _____
Print Name

Mail ornament to:
Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Circle One - In Memory or Honor _____
Print Name

Mail ornament to:
Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Circle One - In Memory or Honor _____
Print Name

Mail ornament to:
Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Circle One - In Memory or Honor _____
Print Name

Mail ornament to:
Name: _____

Address: _____

City: _____ State: _____ Zip: _____