

Hospice of Salina Remembrance Program Ornament Order Form

Date of Order: _____ **Taken By:** _____

Butterfly _____ x \$25 = \$ _____
 Angel _____ x \$25 = \$ _____
 Snowflake _____ x \$25 = \$ _____
 Gold Stand _____ x \$12 = \$ _____
 General Donation (*optional*)..... = \$ _____

Ornament to be:

Picked Up..... = \$ No Charge ____
 Shipped (S & H \$15/ornament) = \$ _____
TOTAL = \$ _____

Name or Custom Text for first line on 1st Ornament:

Birthdate: _____ Date of Death _____

Name or Custom Text for first line on 2nd Ornament:

Birthdate: _____ Date of Death _____

Phone Order: Information Read Back and Verified for Accuracy Yes

Are you a Hospice of Salina: Volunteer Employee

Person Ordering: _____

Address: _____

City _____ ST _____ Zip _____

Daytime

Phone: _____

Shipping Information:

Mail to person ordering? Yes No

If No, Mail to:

Name: _____

Address: _____

City _____ ST _____ Zip _____

Payment Information:

- Cash
- Check – No. _____
- Credit Card
- (Address on form must be the billing address)
 - Visa Mastercard
 - Discover American Express

No. _____

Expiration Date: ____/____/____

Security Code: _____

Signature: _____

Office Use Only:

● Date Ornament Completed _____

● Customer Called by _____
on date _____ .

● Date Mailed _____

Date Picked Up: _____

Signature of Person Picking Up: _____

Package _____ of _____



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White– HOS; Yellow– Foundation; Pink– Customer