



All of us at Family Hospice wish you and your loved ones a season of peace and love. We are pleased to offer the following options in remembrance of your loved one: Holiday Memorial Dove Tree, Remembrance Doves, and Silver Metal Dove Ornament. To participate in this annual tradition, simply complete and mail this form.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

☐ I would like to receive Family Hospice updates via email.

HOLIDAY MEMORIAL DOVE TREE: Your loved one's name will be inscribed on a tag and attached to a white dove ornament hung on a tree at the location of your choice. Please choose the location your Dove(s) will be displayed. (Trees will be on display mid-November – last week of December, based on mall lease terms).

☐ Galleria of Mt. Lebanon ☐ Monroeville Mall ☐ Ross Park Mall ☐ The Block at Northway ☐ The Mall at Robinson
☐ US Steel Tower ☐ Inpatient unit, Lawrenceville

Number of Doves (\$35 per dove, or 3 for \$100): _____ Total \$: _____

Name(s) for the Dove(s). One name per tag, please.

☐ In Memory Of ☐ In Honor Of Name: _____

☐ In Memory Of ☐ In Honor Of Name: _____

☐ In Memory Of ☐ In Honor Of Name: _____

REMEMBRANCE DOVE: 5" x 5" fabric dove created from your loved one's clothing. Allow 2 weeks for production.*

Number of Doves (\$35 per dove, or 3 for \$100): _____ Plus shipping: **1-2** doves add \$5 | **3-6** doves add \$10 | **7 or more** add \$15

Total \$: _____

Brief description of clothing sent: _____

Special Instructions: _____

SILVER METAL DOVE ORNAMENT: 3 1/2" x 4" from Wendell August Forge.*

Number of Silver Ornaments: _____ @ \$150 = Total \$ _____

Name(s) to be engraved: _____

There is a 15-letter limit including spaces. Allow 4 weeks for production.

DONATIONS: Please accept my donation in the amount of \$ _____

Order total: \$ _____

☐ Check payable to Family Hospice ☐ Credit card #: _____

Exp. date: _____ Security code: _____ Signature: _____

*Remembrance Doves and Silver Metal Doves will be mailed directly to your home upon completion.

Please mail this form to: Family Hospice, 700 Bower Hill Road, Suite 1405, Pittsburgh, PA 15243

For more information, contact the Family Hospice Development Office at **412-572-8874**.