All of us at Family Hospice wish you and your loved ones a season of peace and love. We are pleased to offer the options below in remembrance of your loved one. To participate in this annual tradition, simply complete and mail this form.

Name:		
Address:		
City:	State:	Zip:
Phone: Email:		
HOLIDAY MEMORIAL DOVE TREE: Your loved one's on a tree at the location of your choice.	name will be inscribed on a tag and	attached to a white dove orname
□ Galleria of Mt. Lebanon □ Monroeville Mall □ Ros □ U.S. Steel Tower (UPMC) □ Inpatient unit, Lawrence		thway 🔲 The Mall at Robinson
Number of Doves (\$35 per dove, or 3 for \$100): To	otal \$:	
Name(s) for the Dove(s). One name per tag, please.		
Name (1):		
Name (2):		
Name (3):		
REMEMBRANCE DOVE: 5" x 5" fabric dove created fro	m your loved one's clothing. Allow 2	2 weeks for production.*
Number of Doves (\$35 per dove, or 3 for \$100): P	Plus shipping: 1-2 doves add \$5 3	8-6 doves add \$10 7 or more a
Total \$:		
Brief description of clothing sent:	Special Instructions:	
SILVER METAL DOVE ORNAMENT: $31/2$ " 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.	
DOVE TREE TOPPER: Your loved one's name displayed	l on a tree topper at your choice of lo	ocation.
@ \$250 = Total \$: Name to be d	isplayed:	
Preferred location from the list above (requests honored in	order of receipt):	
☐ Check payable to Family Hospice ☐ Credit card #:		
Exp. date: Security code: Si		
*D		

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

Please mail this form to: Family Hospice Foundation, 700 Bower Hill Road, Suite 1405, Pittsburgh, PA 15243 For more information, contact the Family Hospice Development Office at **412-639-4975**.



