



# Light Up A Life

Your gift of \$10 or more\* will illuminate a light on a **Tree of Life** through December.

Your Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

Enclosed is my donation in the amount of \$ \_\_\_\_\_ (\$10 or more per light\*)

I wish to support a Light Up A Life celebration in my loved one's name at the following level:

- Tree of Life \$1,000    Angel of Hope \$500    Star of Honor \$250    Dove of Peace \$100

## I DEDICATE LIGHTS ...

**IN MEMORY OF:** (please print)

Recognize this person as a veteran?

1 \_\_\_\_\_  yes    no

2 \_\_\_\_\_  yes    no

3 \_\_\_\_\_  yes    no

4 \_\_\_\_\_  yes    no

5 \_\_\_\_\_  yes    no

**IN HONOR OF SOMEONE LIVING:**

1 \_\_\_\_\_  yes    no

2 \_\_\_\_\_  yes    no

*Additional names may be submitted on the back of this form.*

Please read my loved ones named at the celebration in: (choose one location)

- Bakersfield    Fresno/Clovis    Kern River Valley    LA/Orange County    Modesto  
 Porterville    Stockton    Taft    Tehachapi    Visalia/Tulare/Hanford

In order to have names read at a celebration, please return this form prior to the event date.

Please make checks payable to Optimal Hospice Foundation

Submit your gift and this form prior to the event date to:  
Optimal Hospice Foundation, 1227 Chester Avenue, Bakersfield, CA 93301

For more information, call (661) 716-8000 or visit [www.OptimalHospiceFoundation.com](http://www.OptimalHospiceFoundation.com)