



Light Up A Life

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

NEW ▶ Names and donations may be submitted online at www.optimalhospicefoundation.com

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 virtual celebration for: (choose one location)

Kern County (December 2) Madera, Fresno, Kings & Tulare Counties (December 3)

San Joaquin & Stanislaus Counties (December 8) LA & Orange Counties (December 10)

In order to have names read at a celebration, please return this card 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