Trees of Love

Virtual Ornament 1 - Select type:

☐ **In memory** ☐ **In memory of your pet**
☐ **In honor** ☐ **In honor of your pet**

_____
Honoree Name (please print)

Acknowledgement (optional): _____

An acknowledgement card will be sent to the following on your behalf.

_____
Name

_____
Address

_____
City/State/Zip

Virtual Ornament 2 - Select type:

☐ **In memory** ☐ **In memory of your pet**
☐ **In honor** ☐ **In honor of your pet**

_____
Honoree Name (please print)

Acknowledgement (optional): _____

An acknowledgement card will be sent to the following on your behalf.

_____
Name

_____
Address

_____
City/State/Zip

Contributor: (please print)

_____
Your Name

_____
Address

_____
City/State/Zip

_____
Phone

_____
Email

Donation Amount:

☐ $10 ☐ $25 ☐ $100 ☐ other _____

☐ Cash ☐ Check #_____

Make check payable to: **Bronson Health Foundation.**
To make your donation by credit card or corporate sponsorship opportunities, visit bronsonhealthfoundation.com and click "News and Events".

Please complete both sides of this form, enclose your check and mail to:

Bronson Battle Creek Volunteers
c/o Trees of Love
301 John Street, Box C
Kalamazoo, MI 49007

Return by December 4.

The Bronson Health Foundation is a not-for-profit organization and your gift is tax deductible as allowed by law. Additional contributions may be outlined on a separate sheet of paper and enclosed with this form.

BRONSON
Battle Creek

1307 11/20