

MEMORIAL TREE

TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS INPATIENT CENTER, TEXAS



Seasons Hospice Foundation helps provide comfort to patients and families by providing essentials, enriching lives and increasing awareness of hospice care.

Seasons Hospice Foundation Memorial Giving

As caregivers, family, friends and colleagues, the Seasons Hospice Foundation understands your wish to celebrate and honor the legacy of your loved one. A gift or memorial donation is a fitting tribute. Your support helps Seasons Hospice Foundation provide a wide range of programs — from fulfilling wishes and creating legacy projects for terminally ill patients and their families, to children’s bereavement camps, and so much more. The Foundation brings comfort to families, extending beyond the borders of traditional health care. Family and friends can remember their loved ones by having a leaf engraved and adding it to one of our trees.

The Seasons Hospice Foundation is grateful for gifts of any amount. These levels are for Memorial Tree Leaves.

LEAF LEVELS



COPPER LEAF
\$250



GOLD LEAF
\$500



PLATINUM LEAF
\$1,000



DOVE
\$5,000



TREE TRUNK
\$10,000

Submit Donor Information on Back ↗

YOUR KIND DONATION WILL BE USED **WHEREVER IT IS NEEDED MOST.**

YES! I would like to make a gift to Seasons Hospice Foundation in the following amount:

\$250 Copper Leaf

\$5,000 Dove

My gift may be matched by my/my spouse's employer. (Please enclose matching gift from employer.)

\$500 Gold Leaf

\$10,000 Tree Trunk

\$1,000 Platinum Leaf

Other \$ _____

Leaf and display engraving:

Donor Information

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Home/Cell _____ Email _____

My support is: in honor of in memory of

Name _____

Please notify the following individual(s) of my gift:

Name _____

Address _____

City _____ State _____ Zip _____

I would like my tax-deductible gift processed via:

Check payable to
Seasons Foundation

MasterCard
 Visa

AmEx
 Discover

Credit card # -

Exp. Date / Security Code #

Name _____ Signature _____

Phone _____ (in case we need to contact you about your contribution)

All donations are tax-deductible to the full extent of the law.