

# Tree of Love Order Form

Accepting donations through Dec. 30

**Tree – \$100   Poinsettias – \$25   Bulb – \$5**

Your name \_\_\_\_\_ Phone \_\_\_\_\_

Your address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

**Paying by check:** Make payable to Genesis Volunteers.

**Paying by credit card:**

Visa    MasterCard    Discover    American Express

Name on card \_\_\_\_\_

Credit card number \_\_\_\_\_

Expiration date \_\_\_\_\_ Three digit code \_\_\_\_\_ \$ Total \_\_\_\_\_

**Tree(s) – \$100**

This tree(s) purchased is in memory or in honor of (circle one)

\_\_\_\_\_

*(first name)*

*(last name)*

To send an acknowledgement, please complete:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Where would you like your tree(s)?**

Hospice    Hospital    Cancer Care Center

**Poinsettia(s) – \$25**

This poinsettia purchased is in memory or in honor of (circle one)

\_\_\_\_\_

*(first name)*

*(last name)*

To send an acknowledgement, please complete:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Bulb(s) – \$5 – This bulb(s) purchased is**

In memory or in honor of (circle one)

\_\_\_\_\_

*(first name)*

*(last name)*

To send an acknowledgement, please complete:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mail this donation form to:

Tree of Love, Genesis Hospital Volunteers  
2951 Maple Ave., Zanesville OH 43701