



Enclosed is my "Hearts of Hope 2021" gift of: \$ \_\_\_\_\_

\$15 per heart ornament

Please make your check payable to: **Springfield Hospital**

Memo: Hearts of Hope 2021

**PLEASE DO NOT SEND CASH.**

FROM:(Please print) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**All ornaments will be mailed. Please do not pick them up at the hospital.  
You may use the back of this form for additional ornaments.**

**In Honor of:** \_\_\_\_\_

Mail above ornament to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**In Memory of:** \_\_\_\_\_

Mail above ornament to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**PLEASE NOTE:**

**Names of your honorees as well as you as the donor will be shared on social media, including the hospital's website unless you specify differently. Indicate here if you wish to opt out of this listing.**

**Please do not include my name or my honoree on social media.**

Mail this form, along with your check to:

Springfield Hospital, Marketing and Development Dept., PO Box 2003, Springfield, Vermont 05156

**Additional Ornaments**

**In Honor of:** \_\_\_\_\_

**Mail above ornament to:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**In Memory of:** \_\_\_\_\_

**Mail above ornament to:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**In Honor of:** \_\_\_\_\_

**Mail above ornament to:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**In Memory of:** \_\_\_\_\_

**Mail above ornament to:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_