



HOSPICE of SAN JOAQUIN



TREE OF LIGHTS

Dedicate a light to remember or honor;
A loved one who is no longer with us,
A family member or dear friend,
A hospice team member,
A first responder or essential worker,
Or a beloved pet on this year's
Tree of Lights by donating to
Hospice of San Joaquin.

My donation for Tree of Lights is

\$ _____

I would like to make an additional donation to Hospice of San Joaquin

\$ _____

I would like to support Camp Caterpillar, a camp for grieving children with a \$50 donation

Check enclosed and completed form mailed to:

Hospice of San Joaquin Tree of Lights
3888 Pacific Ave., Stockton, CA 95204-1953

Please charge my donation to: AMEX Visa Mastercard Discover

Number: _____

Exp. Date: _____ CSC Code: _____

Name on Card: _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

This is a new address

Total Enclosed: \$ _____

Thank you for your gift! A receipt will be mailed to you.

LIGHT #1

1

Select a color:

- Treetop \$1,000
- Orange \$500
- Purple \$250
- Yellow \$100
- White \$50
- Blue \$25
- Green \$10
- Red \$5

2

Select a city:

- Escalon
- Lockeford
- Lodi
- Manteca
- Rio Vista
- Ripon
- Stockton
- Tracy

3

Name of Tribute (First & Last Name)

In Memory of

In Honor of

Donated by: _____

Send a notification of my gift to this family member/friend: (1 card per light)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

LIGHT #2

1

Select a color:

- Treetop \$1,000
- Orange \$500
- Purple \$250
- Yellow \$100
- White \$50
- Blue \$25
- Green \$10
- Red \$5

2

Select a city:

- Escalon
- Lockeford
- Lodi
- Manteca
- Rio Vista
- Ripon
- Stockton
- Tracy

3

Name of Tribute (First & Last Name)

In Memory of

In Honor of

Donated by: _____

Send a notification of my gift to this family member/friend: (1 card per light)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

LIGHT #3

1

Select a color:

- Treetop \$1,000
- Orange \$500
- Purple \$250
- Yellow \$100
- White \$50
- Blue \$25
- Green \$10
- Red \$5

2

Select a city:

- Escalon
- Lockeford
- Lodi
- Manteca
- Rio Vista
- Ripon
- Stockton
- Tracy

3

Name of Tribute (First & Last Name)

In Memory of

In Honor of

Donated by: _____

Send a notification of my gift to this family member/friend: (1 card per light)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

LIGHT #4

1

Select a color:

- Treetop \$1,000
- Orange \$500
- Purple \$250
- Yellow \$100
- White \$50
- Blue \$25
- Green \$10
- Red \$5

2

Select a city:

- Escalon
- Lockeford
- Lodi
- Manteca
- Rio Vista
- Ripon
- Stockton
- Tracy

3

Name of Tribute (First & Last Name)

In Memory of

In Honor of

Donated by: _____

Send a notification of my gift to this family member/friend: (1 card per light)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

LIGHT #5

1

Select a color:

- Treetop \$1,000
- Orange \$500
- Purple \$250
- Yellow \$100
- White \$50
- Blue \$25
- Green \$10
- Red \$5

2

Select a city:

- Escalon
- Lockeford
- Lodi
- Manteca
- Rio Vista
- Ripon
- Stockton
- Tracy

3

Name of Tribute (First & Last Name)

In Memory of

In Honor of

Donated by: _____

Send a notification of my gift to this family member/friend: (1 card per light)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

LIGHT #6

1

Select a color:

- Treetop \$1,000
- Orange \$500
- Purple \$250
- Yellow \$100
- White \$50
- Blue \$25
- Green \$10
- Red \$5

2

Select a city:

- Escalon
- Lockeford
- Lodi
- Manteca
- Rio Vista
- Ripon
- Stockton
- Tracy

3

Name of Tribute (First & Last Name)

In Memory of

In Honor of

Donated by: _____

Send a notification of my gift to this family member/friend: (1 card per light)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

LIGHT #7

1

Select a color:

- Treetop \$1,000
- Orange \$500
- Purple \$250
- Yellow \$100
- White \$50
- Blue \$25
- Green \$10
- Red \$5

2

Select a city:

- Escalon
- Lockeford
- Lodi
- Manteca
- Rio Vista
- Ripon
- Stockton
- Tracy

3

Name of Tribute (First & Last Name)

In Memory of

In Honor of

Donated by: _____

Send a notification of my gift to this family member/friend: (1 card per light)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

*Tribute's will be listed alphabetically by first name.

For additional lights, list on a separate sheet. Please print or type. For questions, please call (209) 957-3888.