

## **Tribute Card Order Form**

## Give a Gift of Love!

Please complete this page and FAX or MAIL to the location below so we may process your order promptly.

<b>Card Selection</b>				
☐ Thank You		Thank You	Mazel Tov	In
☐ Mazel Tov				Honor
☐ In Honor				
☐ In Memory				
☐ Get Well		In Memory		Happy Birthday
☐ Happy Birthd	ay			300
☐ Generic			Get Well	
Please include thi	s message:			
Recipient Infor	mation (send this care	d to) <b>Dor</b>	nated By	
	<b>mation</b> (send this care		nated By	
Name		Nam	e	
Name Address		Nam Add	ress	
Name Address City	State	Nam Add _Zip City	ress	StateZip
Name Address City Phone	State r donation in the amou	Nam Add _Zip City Pho	ress	
NameAddress CityPhone Enclosed is my/ou	Statestatesr donation in the amous	Nam Add _Zip City Pho	ress	StateZip
NameAddress City Phone Enclosed is my/ou Make checks payable is Payment Information.	Statestatesr donation in the amous	Nam Add Zip Phoi nt of: \$ Ema	ress neil	StateZip
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**FAX** your completed form to LAJHealth at:

818.342.0881

- or -

Mail your form to:

LAJHealth Fund Development Department 7150 Tampa Avenue Reseda, CA 91335

Tribute cards are mailed promptly and indicate a donation has been made to LAJHealth. The amount of the donation will not be disclosed to the recipient. Donors will receive a separate thank you acknowledgement for their contribution.