



## Garland of Prayers Giving Levels

	No. of Names	Quantity	
Individual Ornament.....	\$50	1	_____
Large Individual Ornament.....	\$100	2	_____
15-inch Three Ornament Cluster Garland.....	\$250	5	_____
9-foot Ornament Adorned Garland.....	\$500	10	_____
Ornately Decorated 32-inch Christmas Wreath.....	\$1,000	20	_____
Elegantly Decorated Nurses Station.....	\$2,500	30	_____
Beautifully Trimmed Christmas Tree.....	\$5,000	30	_____
Artfully Decorated Family Room.....	\$10,000	30	_____
Elegantly Decorated Lobby.....	\$15,000	30	_____
Inspirationally Decorated Chapel.....	\$25,000	30	_____

In Honor of

In Memory of

---

---

---



I would like to participate in the Garland of Prayers Tradition  
(please indicate your level on the reverse side of the card)

I would also like to make a special donation of \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Please circle payment option below

Master Card

VISA

Check

Total \$ \_\_\_\_\_ (make checks payable to Mary Health of the Sick)

Card # \_\_\_\_\_ Security Code \_\_\_\_\_

Expiration Date \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Your donation is tax deductible and greatly appreciated