

Yes, I want to honor a "Valiant Survivor or Angel Warrior!"

Through The Armes Family Cancer Care Center Endowment

_____ I understand for a minimum \$500 donation, I will receive one six inch stainless steel engraved maple leaf to be placed on the John & Mary DeHaven Healing Tree during the annual ceremony and one* matching leaf for me.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Name as you wish it to appear:

Payment Information

My total gift is enclosed \$ _____
(make check payable to Blanchard Valley Health Foundation)

Please charge my credit card

Mastercard Discover Visa American Express

Card Number: _____

Expiration Date: _____

Signature: _____

*If additional leaves are desired, please contact the Blanchard Valley Health Foundation office at 419.423.5457.



BLANCHARD VALLEY HEALTH SYSTEM

Send this form to:

Blanchard Valley Health Foundation
1900 S. Main Street, Findlay, OH 45840
419.423.5457