

# Stars of Love

## FORM



### Donor Information (Please print clearly)

MWHC Associate/Volunteer       Community member

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

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

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

Day time phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 1. Person for whom the star is given:

In memory of       In honor of       Other \_\_\_\_\_

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

Return this form and payment to: **Stafford Hospital Auxiliary Gift Shop**

### Form of Payment

Associate badge in the amount of \$ \_\_\_\_\_

Credit card in the amount of \$ \_\_\_\_\_ (or by calling 540.741.9145)

Check in the amount of \$ \_\_\_\_\_ Check No. \_\_\_\_\_

(Payable to **Stafford Hospital Auxiliary**)

Cash in the amount of \$ \_\_\_\_\_

### Delivery Options

The star will be ready within one week.       I'd like to pick up my Star of Love.

Someone from the Stafford Hospital Gift Shop will contact you when your Star of Love is ready for pick up.

Call me       Text me       Email me      Or

Place my Star of Love on the Stafford Hospital holiday tree.

Stars placed on the tree will be available for pickup between January 3 and 7, 2022 from 10:30 a.m.-3:30 p.m.\*

\*Mary Washington Healthcare Associates/Volunteers can pick up their Star of Love ornament(s) at the Gift Shop. Community members may pick up their ornament(s) from the Stafford Hospital welcome desk.



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## 2. Person for whom the star is given:

In memory of       In honor of       Other \_\_\_\_\_

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

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## 3. Person for whom the star is given:

In memory of       In honor of       Other \_\_\_\_\_

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

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## 4. Person for whom the star is given:

In memory of       In honor of       Other \_\_\_\_\_

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

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All donations will go toward a project identified by  
Mary Washington Healthcare Hospice Services  
in support of the Stafford community.

*Thank you for your support!*

