



Christmas Greeting Order Form

Mail to: Thomas Hospital Foundation
Post Office Box 929
Fairhope, Alabama 36533

(For more information, please call Jeana Barnes 251-279-1517)

Enclosed check in the amount of: \$ _____

Please charge my credit card: Acct. # _____ CCV Code: _____

Name on Card: _____ Expiration Date: _____

Name: _____

Address: _____

e-mail: _____

ph. # _____

Please choose one:

Standard Greeting -

*In the Warm Spirit of the Holiday Season,
a Gift has Been Made to the Thomas Hospital Foundation
in Your Honor by*

****Mr. and Mrs. Bill Smith**

Personalized Greeting - _____

** How would you like the cards signed: _____
(Example: Mr. and Mrs. Bill Smith, Bill and Mary Smith, Family Practice, etc.)

List names and addresses of persons/organizations to whom you would like to send a set of coasters.

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

Please make copies for additional names