



BLOOMS OF HOPE

Hanging Basket Flower Sale Order Form

Purchaser Name (Print Name): _____

Street: _____

City: _____ State _____ Zip _____

Email: _____ Phone: _____

I would like to purchase:

_____ # of 10" Green Hanging Baskets at \$22.50 each

_____ # of 12" Tan Hanging Baskets at \$31.50 each

_____ Total # of baskets (*you will receive one voucher for each basket*)

Total Paid \$ _____

☐ *I do not wish to purchase a hanging basket but I would like to make a donation of \$ _____ to this worthwhile cause.*

*Please make checks payable to **Hospice & Palliative Care***

Please charge my credit card: ☐ Visa ☐ MasterCard ☐ Discover

Name on Card: _____

Credit Card # _____ Exp. Date: _____ 3-Digit Sec. Code: _____

Order by May 1st to receive vouchers by Mother's Day. After May 1st, the vouchers will be mailed as orders are received.