

I would like to purchase an ornament (\$20 each) | in memory or | in honor of these loved ones:

Your Name: _____ Address: _____
Email: ____ Please make payable to: | DRH Health Foundation PO Box 2000 Duncan, OK 73534 |

Please charge my credit card: O Visa O Mastercard O Discover

Name on Card: _____ Card Number: _____

Exp. date ____ Signature: _____