



FAITH COMMUNITY HEALTH

Introducing: 2nd Edition *“Behold the Lamb”* Christmas Card Service

Allow **Faith Community Health** to provide you with our one-of-a-kind **Christmas Card Service**. Here’s how it works: Send us your Christmas Card List and we will do the rest. ***YES, we will do EVERYTHING!!*** Sign the cards, address and stamp the envelopes, and even insert that special family photo or Christmas letter. All we ask from you is to send us your Christmas Card List and a suggested tax deductible donation of \$5.00 per name. Please help us to help you and continue providing medical, dental and mental health care along with wellness education to the working uninsured of Stone and Taney Counties. Act fast as we have a limited number of cards available!

Send your gift and mailing list in by November 28 to guarantee delivery by December 17.

You can see the cards in full view at www.FaithCommunityHealth.org.

Ordering your cards is simple ...

1. Choose a card Angels Among Us Behold the Lamb

2. Circle your choice of the four options below

3. Attach your Christmas Card list along with a suggested donation of \$5 per card and send to ...

Faith Community Health

610 South 6th St.

Branson, MO 65616

Erica@FaithCommunityHealth.org

Please contact Erica Hunt at (417)336-9355 for any questions.

The inside of either card has an artist inspired scripture and one of the following four options:

1. A gift has been made to Faith Community Health in **honor of** (recipient’s name)
With warm wishes this Christmas Season (sender’s name)
2. A gift has been made to Faith Community Health in **memory of** (memorial name)
With warm wishes this Christmas Season (sender’s name)
3. A gift has been made to Faith Community Health in **grateful appreciation of** (recipient’s name)
With warm wishes this Christmas Season (sender’s name)
4. Limited quantity ... **blank on the inside for your own personal note.**

Your name: _____ Phone: _____

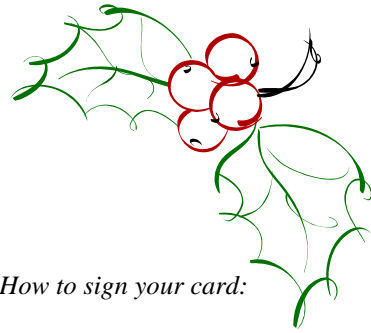
Address: _____ City, ST Zip: _____

Email: _____ Gift Amount: _____ Payment: check credit card
Visa MasterCard Discover

CC Number: _____ Expiration Date: _____ CVV # _____
3 digit code on back of card

Faith Community Health ▪ 610 South 6th St. ▪ Branson MO 65616 ▪ 417.334.4427 fax ▪ 417.336.9355 phone ▪
www.FaithCommunityHealth.org

HONORARIUMS



Please print clearly full names and addresses

In honor of: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In honor of: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In honor of: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In honor of: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In honor of: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In honor of: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In honor of: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In honor of: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In honor of: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In honor of: _____

How to sign your card:

(First & Last Name)

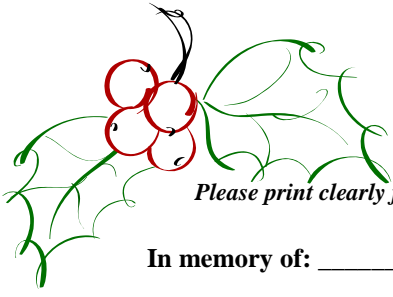
Address

City

ST

Zip





MEMORIALS

Please print clearly full names and addresses

In memory of: _____

Acknowledgement to: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In memory of: _____

Acknowledgement to: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In memory of: _____

Acknowledgement to: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In memory of: _____

Acknowledgement to: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In memory of: _____

Acknowledgement to: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In memory of: _____

Acknowledgement to: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In memory of: _____

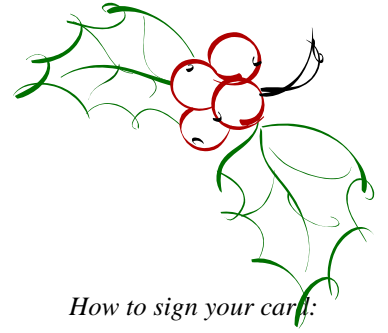
Acknowledgement to: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

GRATEFUL APPRECIATION

Please print clearly full names and addresses



In appreciation of: _____

Acknowledgement to: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In appreciation of: _____

Acknowledgement to: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In appreciation of: _____

Acknowledgement to: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In appreciation of: _____

Acknowledgement to: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In appreciation of: _____

Acknowledgement to: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In appreciation of: _____

Acknowledgement to: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:

In appreciation of: _____

Acknowledgement to: _____
(First & Last Name)

Address _____ City _____ ST _____ Zip _____

How to sign your card:
