

**Mountain Valley Hospice Christmas Tree Give Away 2017**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Number of those living in the home** \_\_\_\_\_

Please share below why you need this gift this season. We will not share your information or story without your written permission. If chosen, Mountain Valley Hospice will contact you by phone to arrange for pickup.

**Share your story:**

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Please return to Mountain Valley Hospice at 688 North Bridge Street, Elkin, NC, by December 13, 2017.