

Veterans Home in Holyoke Tree of Life

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Cost of the Memorial Gifts are as follows:

☐ Gold Leaf \$300.00

Inscription and / or name of recipient

Limit five (5) lines and 85 characters

Please make your check payable to: **Veterans Home in Holyoke
Trustee's Fund**

Remit check to: **Treasurer's Office
Soldiers' Home in Holyoke
110 Cherry Street Holyoke, MA 01040**