



Massachusetts
VETERANS HOME at HOLYOKE

Tree of Life Donation Form

Donor Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Cost of Memorial Leaf is \$300.00

Inscription – Name of Recipient

The limit on each leaf is no more than five (5) lines and maximum of 85 characters.

Payment Information

Please make your check payable to: **Veterans Home at Holyoke Trustees' Fund**

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