



TREE of LIFE

2026 Tree of Life Donation Form

Tree of Life donations support Livingston HealthCare
Hospice services, bereavement support and
Hospice patients' greatest needs.

Your Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Donation to Hospice: ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ Other amount: _____

Payment Method:

☐ Check - please make payable to Livingston HealthCare Foundation

☐ Credit card - you will receive an email confirmation of payment

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

Signature: _____

☐ On-line payment - visit www.livingstonhealthcare.org/giving/donations. Note names in the comments section.

Please print the name(s) of the person you would like to recognize with a light on the Tree of Life.

If received by **November 20**, these names will be listed on the Tree of Life scroll and in the Livingston Enterprise. **Please write clearly and double check your spelling.**

In memory indicates someone who is deceased. **In honor** denotes someone who is living.

☒	In Memory of or	☐	In Honor of: _____
☒	In Memory of or	☐	In Honor of: _____
☒	In Memory of or	☐	In Honor of: _____
☒	In Memory of or	☐	In Honor of: _____
☒	In Memory of or	☐	In Honor of: _____

If you would like to memorialize or honor more than five people, please email your list to Anita at anita.maxwell@livhc.org.

If you would like to receive a copy of the scroll, please indicate how many you'd like: _____ (up to 5)

Please return this form (or give online) **by November 20, 2026** to:

Livingston HealthCare Foundation - Tree of Life
320 Alpenglowlane, Livingston, MT 59047