



# Heaven Sent Candle

## Order Form

Name

Address

City

State

Zip

Email (not required)

Phone (not required)

Quantity: \_\_\_\_\_ x \$20 = **Total:** \_\_\_\_\_

Payment:  Cash

Check

Visa

MasterCard

American Express

Name (as it appears on card)

Card No.

CVC#

Expiration Date

*Candle(s) can be picked up at:*

**Hospice House, 1109 South Chestnut St., Hammond, LA, 70403**

If you have any questions, please call **985-340-0860**.