



**The Joseph House**  
*Specialty Care Facility Devoted to End of Life Care*

*Please accept this donation from:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

In memory of: *(Optional)* \_\_\_\_\_

Please send acknowledgement card to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

*Please mail donations to:*

**The Joseph House**  
**P O Box 150554**  
**Lufkin, TX 75915**

*Thank you for your support!*