



Hamilton Cares

Name: _____

Department: _____

Please Choose One:

- Flower Arrangement
- Fruit Basket

Please Indicate Need for Acknowledgement and Provide Necessary Name/Address Below:

- Admission to Hospital
- New Baby/Adoption
- Death in Family
 - Send to Employee's Home
 - Send to Funeral Home
 - Calling Hours/Funeral _____

Delivery Address:

Signature:

Supervisor: _____
(Print Name)

Date: _____

(Signature)

Phone Number _____

Human Resources: _____

Date: _____

Please fax to Human Resources (859-4047) at your earliest convenience. Thank you.

If you have any questions, please call
Lindsay at (315) 859-4302

Office Use Only: Date: _____
Amount: _____
Date Called In: _____
Spoke to: _____