



Hamilton

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 (Name & Relationship) _____
- Send to Employee's Home
- Send to Funeral Home
- Name of Funeral Home/Calling Hours _____

Delivery Address:

Phone Number: _____

Comments/Signature on Card:

(If left blank the card will be signed
"from your Hamilton Family")

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
Anna at ext. 4302

Office Use Only: Date: _____

Amount: _____

Spoke to: _____