



Light Up a Life



MOUNT CARMEL
Hospice



Mount Carmel Hospice
and
The Franklin County
Commissioners
invite you to

Light Up a Life

in memory of a friend,
family member, or
or loved one.



To participate, send your gift of \$10 or more to light one light on the *Hospice Holiday Tree* located in the atrium of the Franklin County Pavilion at 365 South High Street, Columbus, Ohio.

The Hospice Holiday Tree Lighting Ceremony will be held on Monday, November 21, 2011 at noon.

Your donation benefits Mount Carmel Hospice, a non-profit organization serving patients with life-limiting illnesses and their families.

Donations may be mailed to:
Mount Carmel Hospice
1144 Dublin Road
Columbus, OH 43215

This project is a collaborative effort of Mount Carmel Hospice and HomeReach Hospice at Riverside, non-profit organizations serving the city of Columbus and surrounding communities.



*For a donation of
\$100 or more,*

We will send you a *Treasured Memory* porcelain snowflake. Your commemorative snowflake may be displayed in whatever way you choose. Since it will arrive just before the holidays, you can hang it on your holiday tree, or you may honor your loved one by displaying the snowflake on a traditional stand found in any department store. Arranging a variety of mementos in a shadow box featuring the snowflake is another idea to consider.

This remembrance is an annual offering. Snowflakes are all special as no two are exactly alike — just like the person you are missing. Your relationship will always be unique. The snowflake is a symbolic gesture of that uniqueness.

Yes, I want to *Light Up a Life.*

Please accept this gift of \$_____ for
(number_____ lights.

Method of payment: Cash Check VISA
 MasterCard Discover American Express

Credit Card # _____

Exp. Date _____

Signature _____

Date _____

Please make checks payable to Mount Carmel Hospice.

Your name: _____

Address: _____

Phone: _____

All donations are tax-deductible and will benefit Mount Carmel Hospice.

I wish to place a light on the Hospice Holiday Tree as listed below.

Name and address to which acknowledgement is to be sent	Name
	<input type="checkbox"/> In memory of <input type="checkbox"/> In honor of _____
	<input type="checkbox"/> In memory of <input type="checkbox"/> In honor of _____
	<input type="checkbox"/> In memory of <input type="checkbox"/> In honor of _____
	<input type="checkbox"/> In memory of <input type="checkbox"/> In honor of _____



Please choose your favorite shape to represent your light on the *Hospice Holiday Tree*:

Ornament



Dove



Candle



Star





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