



Hospice of Knox County 2021 Holiday Events



Tree of Hope Memorial

Monday • December 6th • 5:30pm — 6:30 pm • Hospice of Knox County

Gather outside with us for readings, music and the lighting of the **Tree of Hope**. Cookies and Cocoa will be served.

Worldwide Candle Lighting

Sunday • December 5th • 5:30 pm

Gather with us to remember and honor our children who have died. Feel free to bring a picture of your child and light a candle for them. You are invited to bring a gift for a girl or boy to be donated to a local charity. Light refreshments will be served. **Please Call Kathy @ 740-397-5188 for location.**

Memory Ornaments

See order form below for pictured handmade ornaments that families can purchase in honor of their loved ones for \$10.

*This year's ornaments are made in a variety of colors to commemorate the variety of personality characteristics of the loved one(s) that the ornament(s) is/are purchased in memory of. In the order form, please indicate your first, second and third choice of color(s). We will honor requests as much as is possible. Substitution of another color may be necessary depending on the number of requests that are received. **Ornaments can be picked up beginning December 8th or they can be mailed. We can ship for an additional cost of \$6 per ornament. There are a limited number of ornaments so order soon!***

No purchase necessary to attend the events.

Please detach and mail in with your payment to Hospice of Knox County, 17700 Coshocton Rd, Mount Vernon, Ohio 43050

Hospice of Knox County Memory Tree Ornament Order Form

Name of Loved One: _____

Date/Year of Birth: _____ Date/Year of Death: _____

Tag Message (limit 30 characters): _____



Color Choice: _____ Red _____ Gold _____ Pink _____ Yellow
_____ Blue _____ Lavender _____ Orange

Purchaser: _____

Address: _____

Phone: _____ Email: _____

☐ have enclosed \$10 for each ornament.

Quantity _____ + Shipping _____ = Total enclosed \$ _____

☐ If gift from purchaser, name of person gift is for: _____

For Credit Card:	Type of Card: _____	Card #:
Exp. Date _____		CVV Code: _____ (3 digit code on back of card)
I authorize Hospice of North Central Ohio to charge \$ _____ to my credit card		
Signature _____		Date _____

Office Use Only: Date Paid: _____ ☐ Ck# _____ ☐ Cash ☐ Credit Card Date Rec'd _____ Color _____