

# HNCO 2023 HOLIDAY EVENTS

## TREE OF LIGHTS MEMORIAL *(Thank You Event Sponsors: Guenther Mechanical, Grandpa's Cheesebarn)*

Tuesday, December 5 from 5:30PM - 6:30PM

Hospice of North Central Ohio, 1021 Dauch Drive, Ashland, OH 44805

Gather with us for readings, music and the lighting of the Tree of Hope. Light refreshments will be served.

## WORLDWIDE CANDLE LIGHTING

Sunday, December 3 at 5:30PM

Held at Faith Lutheran Church, 170 Mansfield Road, Mount Vernon.

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.

## MEMORY ORNAMENTS *(Thank You Sponsors: Lighthouse Wealth Management, McGohan-Brabender)*

See order form below for pictured handmade ornament that families can purchase in honor of their loved ones for \$15.00. Ornaments can be picked up beginning December 5 or they can be mailed. We can ship for an additional cost of \$6.00 per ornament. *There are a limited number of ornaments so order soon!*

## CHRISTMAS CAROLING

Tentative date, Thursday, December 7 at 2:00PM

For our patients and families in Ashland County. Please call Kathy Wantland or Becky Pfister for confirmation of event at 740-397-5188.

**No purchase necessary to attend the events.** Any questions call Kathy Wantland or Becky Pfister for more information at 740-397-5188.

**Please detach and mail in with your payment to: Hospice of North Central Ohio, 1021 Dauch Drive, Ashland, OH 44805**

## HOSPICE OF NORTH CENTRAL OHIO MEMORY TREE ORNAMENT ORDER FORM

Purchaser: \_\_\_\_\_

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

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

Name of Loved One to be Remembered: \_\_\_\_\_

Date/Year of Birth: \_\_\_\_\_ Date/Year of Death: \_\_\_\_\_

Tag Message (limit 30 characters): \_\_\_\_\_

\_\_\_\_\_

Number of Ornaments: \_\_\_\_\_  I have enclosed \$15.00 for each ornament.

Quantity \_\_\_\_\_ + Shipping \_\_\_\_\_ = Total enclosed \$ \_\_\_\_\_

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 \_\_\_\_\_

If gift from purchaser, name of person gift is for: \_\_\_\_\_

Office Use Only: Date Paid \_\_\_\_\_  Ck# \_\_\_\_\_  Cash  Credit Card Date Rec'd \_\_\_\_\_

