

HNCO/KNOX COUNTY 2023 HOLIDAY EVENTS

TREE OF HOPE MEMORIAL

Monday, December 4 from 5:30PM - 6:30PM

HNCO/Hospice of Knox County, 17700 Coshocton Road, Mount Vernon, OH 43050

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 Sponsor: 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 4 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, Wednesday, December 6 at 2:00PM

For our patients and families in Knox 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: HNCO/Hospice of Knox County, 17700 Coshocton Rd., Mt. Vernon, OH 43050

HNCO/HOSPICE OF KNOX COUNTY 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 # _____

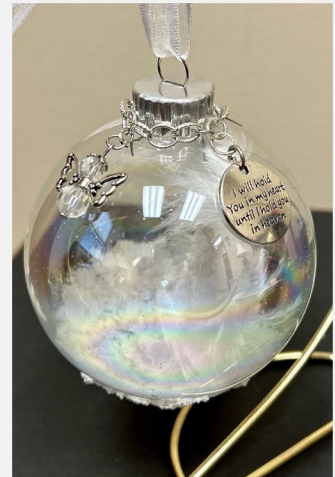
Exp. Date _____ CVV Code _____ (3 digit code on back of card)

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 _____

