

2017

# Angels of Light

Thursday, December 7

5:30 - 6:30 pm

St. Tammany Parish Hospital Lobby

Refreshments Provided

## The Hospice Tree for Life...

The Hospice Tree for Life is a long-standing tradition of St. Tammany Hospital Hospice. Each year at the annual Angels of Light event, the Tree for Life is lighted in a beautiful holiday ceremony. In addition, the tree is decorated with Tribute Angels. Each Angel represents a special person, living or deceased, who is being honored or memorialized by a friend or family member. Every light on the Tree for Life represents the extraordinary care and comfort that is provided to all Hospice patients.

The St. Tammany Hospital Hospice program provides palliative and supportive care to terminally ill patients and their families in the home through an interdisciplinary team that addresses physical, psychological, social and spiritual needs. Hospice services are available to everyone, regardless of ability to pay. Your gift touches the lives of many who need your help.

**You and your angel recipient, or family of your recipient, are invited to attend this special holiday ceremony.**

**A letter of tribute is sent to all honorees or their families, letting them know a gift has been made in their name.**

Tribute Gifts received by December 4 are guaranteed to be recognized at the tree lighting event.

All angels will remain on display for the month of December and may be picked-up M-F 10am—2pm at Hospice of St. Tammany between January , 2017.

### PLEASE PRINT

Complete this form and submit it with your gift, which is 100% tax deductible. *Minimum gift per angel is \$10.* Make checks payable to St. Tammany Hospital Foundation and mail to: 1202 South Tyler, Covington, LA 70433. For more information call 985-898-4141, email [mrudolph@stph.org](mailto:mrudolph@stph.org) or visit [sthfoundation.org/Angels](http://sthfoundation.org/Angels)

My Tribute Gift in the amount of \$ \_\_\_\_\_ is enclosed. - **OR** - Please charge my credit card:

# \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_ CSV: \_\_\_\_\_ I wish to remain anonymous \_\_\_\_\_

Donor Name: \_\_\_\_\_

Donor Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_ I am able \_\_\_\_ I am unable to attend this event. # of guests: \_\_\_\_\_

My Angel is \_\_\_\_\_ In Honor (or) \_\_\_\_\_ In Memory of: \_\_\_\_\_

*(list additional names and contact information on back)*

Name of Angel or Angel's Family: \_\_\_\_\_

Address of Angel or Angel's Family: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_