

Light

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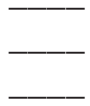
light . . .

to remember,

to honor, to thank

. . . . Light a light . . . to

remember, to honor, to thank



Trees of Light

Unity Family Hospice

815 SE 2nd Street

Little Falls, MN 56345

320-632-1144

CATHOLIC HEALTH
INITIATIVES

Unity Family Hospice

A Service of St. Gabriel's Hospital

Cover Artist - Muriel Poehler

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Trees of Light

Hospice Makes A Difference

Unity Family Hospice has served area families since it was created in 1985. Here are a few of the special things that have happened for some of our families.

A woman who had been dying for several months stayed in a darkened room because she was in pain and did not wish to be disturbed. Hospice eased her pain, helping her and her family to find peace in their last days together.

The family of a young mother felt that her children would be emotionally damaged, if they were to experience her dying. With greater understanding of the value of involvement for children, the family was able to allow the children to be present.

A little girl with a debilitating illness was at home for more than two years before she died. Because the young parents had no family in the area, hospice staff and volunteers became their extended family.

Some hospice patients have been able to leave the hospital after a long stay to die in the comfort of their own homes. Families have had the joy of knowing that their loved ones had peace in their last days.

Other hospice patients have lived longer than predicted, their fears reduced in the knowledge that hospice was only a phone call away.

All of these things, and more, have happened because of the loving support of the many "friends of hospice" who continue to share their time and financial support.

An Open Invitation

We invite you to participate in a special recognition event that has become a tradition for Unity Family Hospice and the communities of Morrison County.

The **Trees of Light** is a *celebration* to honor or remember special people in our lives. It is a reminder throughout the holiday season of those who share our love. Watch the love flourish as the light intensifies over the evergreens which stand next to the Morrison County Government Center on the corner of East Broadway and Second Street SE. All proceeds from the **Trees of Light** benefit hospice families. Lights may be purchased through December 24 either "in honor of" someone living or "in memory of" someone who has died.

THE FOLLOWING LIGHTS MAY BE PURCHASED:

| | | |
|--------------------|-----------|-----------------|
| WHITE | | \$5.00 |
| RED | | \$10.00 |
| GREEN | | \$15.00 |
| BLUE | | \$20.00 |
| GOLD | | \$25.00 |
| SMALL STAR | | \$50.00 |
| MEDIUM STAR | | \$100.00 |
| LARGE STAR | | \$150.00 |

Anyone interested may purchase a light by mailing the attached form to Trees of Light, Unity Family Hospice, 815 SE 2nd Street, Little Falls MN 56345. Lights may also be purchased at the St. Gabriel's Hospital Auxiliary Gift Shop. The names of those honored and their donors will be published in the *Morrison County Record* after Christmas. The advertisement will also be posted in the special hospice display case located at the front entrance to St. Gabriel's Hospital through October of the following year.

*Tis the season of Giving . . .and you can give something very special this holiday season: A GIFT OF LOVE IN HONOR OF or IN MEMORY OF A SPECIAL PERSON. With your contribution, you will 1) show someone special that you care, 2) help light a Holiday Tree in their name, and 3) help Unity Family Hospice provide services to families in need.

YES, I WANT MY LOVE LIGHT TO SHINE THIS HOLIDAY SEASON!

Please print the name(s) as you wish them to appear on all **Trees of Light** acknowledgments. Please indicate whether the gift is *in memory of or in honor of*.

| | | |
|--------------------|-------|------------------------------|
| Color/Type of Star | Name | IN MEMORY OF or IN HONOR OF? |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |

GIVEN BY:

Please list complete mailing address. Please indicate if you DO NOT want YOUR name published.

NAME _____ PHONE _____

ADDRESS _____ PUBLISH? Yes or No