

Tree of Love

The spirit of the season glows in this annual fundraiser. Join us at Genesis Hospital on Friday, Nov. 22, at 6 p.m. for the lighting of the large Tree of Love, in honor and remembrance of loved ones. Individual trees (\$125) line the main entrance and walkways of Genesis Hospital, Genesis Behavioral Health, Genesis Cancer Care Center, Genesis Coshocton Medical Center, Genesis HealthCare Foundation, Genesis Hospice Care and Genesis Perry County Medical Center.

Your donation supports Genesis Volunteer Projects and Genesis Hospice Care.

Trees – \$125

Poinsettias – \$26

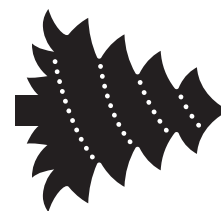
General Contribution – \$5

Genesis is not responsible for decorations. Additional lights cannot be added to trees. Decorations not removed by Jan. 1, 2025, will be donated.

For more information, call Genesis Volunteer Services at 740-454-4700.



To opt out of future fundraising communications, please contact the Genesis HealthCare Foundation at 740-454-5052.



Tree of Love

Genesis Hospital Volunteers
2951 Maple Ave.
Zanesville, OH, 43701

CHANGE SERVICE REQUESTED

Non-profit Org.
U.S. Postage
PAID
Permit # 362
Zanesville, OH

Tree of Love Order Form

To make a donation, please complete the form and payment information below and return in this envelope.

Tree(s) \$125, Poinsettia(s) \$26, General Contribution(s) \$5

Your name _____ Phone _____

Your address _____

City _____ State _____ ZIP _____

Email _____

Check: Make payable to Genesis Volunteers.

Credit card: Visa Mastercard Discover American Express

Name on card _____

Credit card number _____

Expiration date _____ Three-digit code _____ Total \$ _____

Tree(s) – \$125

Purchased **in memory** or **in honor** of (circle one):

First name *Last name*

To send an acknowledgment, please complete:

Name _____ Address _____

City _____ State _____ ZIP _____

Where would you like your tree(s)?

- Genesis Hospital Behavioral Health Cancer Care Center
 Coshocton Medical Center Foundation Hospice Care
 Perry County Medical Center

Poinsettia(s) – \$26 (For display in Genesis Hospital main lobby)

Purchased **in memory** or **in honor** of (circle one):

First name *Last name*

To send an acknowledgment, please complete:

Name _____ Address _____

City _____ State _____ ZIP _____

General Contribution(s) – \$5

Purchased **in memory** or **in honor** of (circle one):

First name *Last name*

To send an acknowledgment, please complete:

Name _____ Address _____

City _____ State _____ ZIP _____

Limited supplies are available. Return order form by Nov. 15, 2024.

PLACE
STAMP
HERE
Post Office
will not deliver
without postage

Tree of Love

Genesis Hospital Volunteers
2951 Maple Ave.
Zanesville, OH, 43701

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