



**“Hospice of Orange & Sullivan Counties, Inc.  
“Tree of Life”**



Contributions to the Tree of Life are made In Honor or In Memory of a friend or loved one. That special person’s name will be placed on an ornament of your choice and displayed on the Tree of Life throughout the holiday season. Your donation will help someone who is receiving Hospice end-of-life care or bereavement support services in Orange and Sullivan Counties.

**Tree Lighting Ceremony**

**Friday, December 2, 2016 at 6:00 p.m.**

GALLERIA MALL at Crystal Run, Middletown, Center Court, featuring  
The SUNY Orange Choir and The Madrigal Singers, Directed by Caroline Tippin

Hospice Volunteers will be available to accept contributions and hang ornaments as follows:

**Adams Fairacre Farms**

December 1 to 24

Saturdays 12 pm to 4 pm  
Sundays 12 pm to 4 pm  
Donations can also be made at anytime to the cashier during business hours

**Galleria at Crystal Run**

December 2 to 24

Monday to Saturday  
12 pm to 7 pm  
Sundays 12 pm to 5 pm

**Mr. Willy’s Restaurant**

December 1 to 24

Donations can be made on Thursdays, Fridays, and Saturdays to the Wait Staff or at the Bar

**Peck’s Markets**

December 1 to 24

(4 locations listed below)  
Donations can be made to the cashier during business hours

**TREE OF LIFE CONTRIBUTION FORM**

**I WOULD LIKE TO DONATE:**

Ornament Choices

- \$10 Each — White Star Ornament
- \$25 Each — Silver Star Ornament
- \$50 Each — Gold Star Ornament
- \$100 Each — Red Gift Box Ornament
- \$100 Each — Blue Lantern Ornament

**PLEASE HANG MY ORNAMENT: (Choose Location)**

- Adams Fairacre Farms (Newburgh)
- Galleria at Crystal Run (Middletown)
- Mr. Willy’s Restaurant (Monticello)
- Peck’s Market (Callicoon)
- Peck’s Market (Eldred)
- Peck’s Market (Jeffersonville)
- Peck’s Market (Livingston Manor)
- Mail Ornament (s) to me



**Name on Ornament:**

\_\_\_\_\_

**Name on Ornament**

\_\_\_\_\_

**Name on Ornament**

\_\_\_\_\_

**Name on Ornament:**

\_\_\_\_\_

**Name on Ornament**

\_\_\_\_\_

**Name on Ornament**

\_\_\_\_\_

**DONOR INFORMATION:**

Your Name: \_\_\_\_\_

Your Telephone: \_\_\_\_\_

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

Your Email: \_\_\_\_\_

**Please mail completed form to:**

**Hospice of Orange & Sullivan Counties, Inc., Attention: Gloria Alisandrella  
800 Stony Brook Court, Newburgh, NY 12550**

