

The Thompson Health Guild is offering community members a special opportunity to recognize and celebrate loved ones this holiday season with the annual Tree of Lights.

Non-Profit Org.
U.S. Postage
PAID
Rochester, NY
Permit No. 300

Thompson Health
350 Parrish Street
Canandaigua, NY 14424
RETURN SERVICE REQUESTED



THOMPSON
HEALTH
GUILD

Tree of Lights

*A beacon of love
and remembrance*



This year – more than ever – it is important to connect with the special people in our lives. And with a minimum tax-deductible donation of \$5 per name, you can sponsor a tree light in honor or in memory of someone you care about.

For each light purchased, a written notice will be sent so that the person honored – or the family of a person memorialized – will know of your kindness. The donation amount will not be listed.

The tree is located just outside the M.M. Ewing Continuing Care Center on Parrish Street in Canandaigua and will be visible to patients, residents, staff and our community throughout the holiday season.



“Christmas is most truly Christmas when we celebrate it by giving the light of love to those who need it most.”

– Ruth Carter Stapleton



Current COVID restrictions mean we will not have a live ceremony this year, but for those who may be unable to drive by and see our tree first-hand, we will post photos to the Thompson Health Guild and Thompson Health Facebook pages, as well as on www.ThompsonHealth.com.

Please consider joining us in bringing forth the light we all need this holiday season.

Thank you.

All funds raised through this event will be used to benefit UR Medicine Thompson Health, enabling its continuing legacy of exceptional health care.



Use this form to order your lights today! Please print clearly.

Checks can be made payable to the **Thompson Guild** and mailed to:
Tree of Lights
Thompson Health Guild
350 Parrish Street
Canandaigua, New York 14424



This contribution is being made
In Memory of / In Honor of

This contribution is being made
In Memory of / In Honor of

This contribution is being made
In Memory of / In Honor of

Donor Information:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Person or next of kin to be invited to
the Tree Lighting Ceremony

Name: _____

Address: _____

City: _____

State: _____ Zip: _____