



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.



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Thompson Health
350 Parrish Street
Canandaigua, NY 14424
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THOMPSON
HEALTH
GUILD



Tree
of
Lights
2022



At this time of year we are often reminded how important it is to connect with family and friends. With a minimum donation of \$8, you can sponsor a light in honor or memory of someone special. For each light purchased, the person(s) will receive a card letting them know about your gift in their name. However the donation amount will not be listed.

A large evergreen tree located just outside of the M.M. Ewing Continuing Care Center on Parrish Street in Canandaigua is decorated with hundreds of beautiful lights for the holiday season. It is lit on the first Monday of December and is enjoyed by patients, residents, staff, and community members throughout the holiday season. It is a beautiful way to pay tribute to someone you care about.

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

You can sponsor a tree light by using the form on the right or by visiting www.ThompsonHealth.com/Tree

“The holiday season is a perfect time to reflect on our blessings and seek out ways to make life better for those around us.”



– Anonymous

To continue to ensure the safety of our residents, there will not be a live ceremony this year.

The tree will be lit Monday, December 5.

Thank you.

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

Thank you for your generosity!

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

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

This contribution is being made
 In Memory of In Honor of

Notification of dedication to be sent to the following (Honoree/Memorial Family or Next of Kin):

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

This contribution is being made
 In Memory of In Honor of

Notification of dedication to be sent to the following (Honoree/Memorial Family or Next of Kin):

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Donor Information: Use additional paper if needed.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Email appreciated for future Tree of Lights communications.

