

VISITING NURSE SERVICES OF CONNECTICUT



20TH ANNIVERSARY TREE OF LIGHT

Thursday, December 9, 2010 6:30 pm
except Southport at 6:00 pm

<p>*Bridgeport - 6:30 pm People's United Bank Bridgeport Branch 850 Main Street</p> <p>Easton - 6:30 pm Firehouse Green Center Road</p> <p>Fairfield - 6:30 pm First Church Congregational 148 Beach Road</p> <p>Huntington/Shelton - 6:30 pm Carey & Guarrera Real Estate 59 Old Shelton Road</p>	<p>Milford - 6:30 pm Mayor's Office Parkette 110 River Street</p> <p>Monroe - 6:30 pm Edith Wheeler Memorial Library 733 Monroe Turnpike</p> <p>Oxford - 6:30 pm Oxford UCC Congregational 3 Academy Road</p> <p>Southport - 6:00 pm Chase Bank 292 Pequot Avenue</p>	<p>Stratford - 6:30 pm Stratford Baptist Church at Paradise Green 131 Huntington Road</p> <p>Trumbull - 6:30 pm Town Hall Green Church Hill Road</p> <p>Westport - 6:30 pm Christ & Holy Trinity Episcopal Church 55 Myrtle Avenue</p> <p>*New Location</p>
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Join us for a Celebration of Life to Remember those who have been inspirational in your life. Purchase a light and name it in the memory of your loved one. Your loved ones name will be listed on the Memorial Roll and read aloud as part of the ceremony. The ceremony promotes fellowship and includes a candle and tree lighting celebration with music, spiritual readings, the memorial roll, and an informal reception.

Proceeds Benefit Visiting Nurse Services of Connecticut Hospice at Home™ Program
Visiting Nurse Services of Connecticut is a 501(c)3 non profit organization

Underwritten by: Elizabeth M. Pfriem ~ Benefactor: People's United Bank
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Tree of Light Order Form

We must receive this completed form by **November 30, 2010** to ensure that your memorial names are printed on the Tree of Light Memorial Roll. Thereafter, memorialized names will be added and read aloud only. PLEASE PRINT.

Your Name _____	Address _____	City _____	State _____	Zip _____
Telephone _____	Email _____			
Town ceremony where name(s) will be read _____			Number Attending _____	
<i>I would like: (please specify number of lights)</i>				
# _____	White (Peace) Lights at \$100 each	\$ _____		
# _____	Blue (Dignity) Lights at \$50 each	\$ _____		
# _____	Green (Comfort) Lights at \$25 each	\$ _____		
I wish to make an additional donation		\$ _____		
Total Amount Enclosed		\$ _____		
			Payment Method: <input type="checkbox"/> Check payable to VNS of Connecticut	
			<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	
			Card # _____	
			Exp. Date _____	
<i>Gifts are tax deductible as allowed by law.</i>				

Memorial Name(s) as you want it read (*one name per tribute donation, please*) Please provide help with pronunciation.

Please send notification of my remembrance to (Name, Address) _____

Send this order form and your donation to VNS of Connecticut, 765 Fairfield Avenue, Bridgeport, CT 06604
OR call 203.366.3821, ext. 1111 to place your order.