

Mason General Hospital Foundation Fantasy Forest

2010 Memorial Ornament



Each year, during Mason General Hospital Foundation's Fantasy Forest, there is a special memorial tree dedicated to people who passed away and who had been loyal supporters of the Foundation and Mason General Hospital. **This year's memorial tree is dedicated in the memory of Bobbie Goodwin.**

The memorial ornament selected for the tree this year is a beautiful glass raindrop with swirls of vibrant color tones. Memorial ornaments are purchased in memory of those who have passed away or in honor of those who are loved. Their names and the purchasers' names are recorded in a memory book on display by the memorial tree. The ornaments are displayed on the memorial tree for the duration of Fantasy Forest. The purchasers receive their ornaments the week after the final day of events. The ornaments may be picked up at the Development Office after Monday, December 6, 2010 between 8:30 a.m. and 4:30 p.m., Monday through Friday, or arrangements made with the Development Office for later pickup. Proceeds from the memorial ornaments benefit Public Hospital District No.1, consisting of Mason General Hospital and its affiliated clinics. Each ornament will be boxed, containing the purchaser's name and the tag of the person for whom it was dedicated in memory of.

To purchase a memorial ornament, please complete this form and either mail it to: MGHF, PO Box 1668, Shelton, WA 98584, or take the completed form to the Development Office located in Gateway Center behind McDonalds. **The deadline for accepting orders is Monday, November 1, 2010.** Orders placed after this date will be displayed but may not have the memorial tag. If you have any questions or need more information, please call Meghan at the Development Office at (360) 427-3623. Thank you.

ORNAMENT COST: \$30.00 EACH

Order Date _____

I have enclosed \$ _____ for (total) _____ Memorial Ornaments

"In Memory/Honor of": (Please print and specify)

Your Name _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

Check enclosed _____ Charge my: Master Card _____ Visa _____

Account Number _____

Exp. Date _____ Signature _____

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