

Memory Medallion



Celebrating those we love
as a Winter Tradition



333 Pine Ridge Blvd
Wausau, WI | 54401-4187



A Program of Caring

The mission of Aspirus Comfort Care and Hospice Services is to provide and insure meaningful and compassionate palliative (comfort) and end-of-life care.

As part of our continuum of service to north central Wisconsin, we are committed to providing grief support and community education for anyone who wishes to participate.

Our bereavement services include supportive community programs, short-term, one-to-one grief support, public grief education, and access to grief and loss materials and resources. For more information about the Grief Center, contact:

Amy Kitsembel, M.Ed.
Bereavement Coordinator
715.847.2703

or
Troy LaRue
Bereavement Coordinator
715.393.5172

Memory Medallion Engraving Information

Each ornament will have two lines of engraving with 10 characters per line. Complete each box with one letter. Blank spaces between words are equal to one letter.

Sample:

G	E	O	R	G	E				
S	M	I	T	H					

Ornament 1 (line 1):	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											(line 2):	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
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For orders greater than 6,
copy this form and enclosed
with your payment and
mail to Aspirus Health
Foundation, 425 Pine Ridge
Bld., Wausau, WI 54401.

Memory Medallions

formerly the Tree of Love

The **MEMORY MEDALLION** tribute is a program of the Grief Center at Aspirus Comfort Care and Hospice Services. It is an opportunity for families to honor their loved ones.

Since 1990, many people have made the **MEMORY MEDALLIONS** , formerly Tree of Love, an annual family tradition; a program that we are proud to continue.

Local businessman Thom Passow, Wausau Awards and Engraving, and many hospice volunteers and others make the tribute program possible through their donation of time, talent and resources.

The **MEMORY MEDALLION** tribute program is not a fund raising activity, however, gifts to the Grief Center, Howard Young Foundation or the Aspirus Health Foundation are welcome and can be added to your **MEMORY MEDALLION** ornament order. Donations to either Foundation benefits Community Hospice programming.

Funds directed to the Grief Center are used to purchase grief materials and resources for hospice patients, their families and the greater community.

Memory Medallion Tribute Program

The holidays are a special time to celebrate the lives of people we love—people who are living and those who have died.

You are invited to celebrate the loved ones in your life by participating in the **MEMORY MEDALLION** tribute program.

You can start a Memory Medallion holiday tradition by your purchase of a personalized 2" polished brass ornament engraved with the name of someone you love.

Your ornaments will be mailed to you once completed.

A tribute list will be posted at aspirus.org/grief-services.

Order Information

You may purchase one or several **MEMORY MEDALLION** ornaments for a minimal cost of \$15.00 each (tax included) by completing the enclosed order form. Please carefully fill in each box on the order form to ensure the correct engraving of your ornaments. There is a limit to the number of characters that can be engraved. Please limit your request to the spaces provided. **Order by December 1.**

To order your Memory Medallion tribute ornaments, complete the order form and return it with your payment to:

Aspirus Health Foundation
425 Pine Ridge Blvd.
Wausau, WI 54401
Credit card purchases are welcome.

OR

To order online, visit:
aspirus.org/memorymedallions

Memory Medallion Tribute Order Form

COMFORT CARE AND HOSPICE SERVICES

Your Name _____ Phone Number (____) _____

Mailing Address _____ City _____ State _____ Zip _____

E-Mail Address _____ (required for follow up emails)

In addition to my ornament order, I would like to make a donation to the :

☐ Grief Center of \$ _____ ☐ Howard Young Foundation of \$ _____ ☐ Aspirus Health Foundation of \$ _____

Total Payment Enclosed: \$ _____ Total Number of Ornaments: _____

Payment Options: Please enclose payment of \$15 (tax included) for each Memory Medallion ornament.

_____ Check (Payable to: ACCHS FUNDS) _____ Credit Card (Circle one): Visa MasterCard Discover

Name as it appears on Credit Card: _____

Credit Card Mailing Address: _____ City _____ State _____ Zip _____

Credit Card Number: _____ Expiration Date: _____

Signature: _____ *CSC Code _____

ORDERS MUST BE RECEIVED BY DECEMBER 15.

*3 OR 4 DIGIT CODE FOUND ON BACK OF CARD

