



The 2018 Tree of Love will honor **Sampson Regional Healthcare Professionals**, with grateful appreciation for their commitment to the hospital and the healthcare of our community. While many people rode out Hurricane Florence in their homes or with the comfort of family, the staff at Sampson Regional left theirs behind to care for our community. Not only did they work and sleep many days in the hospital, but their already long days became more exhausting as Hurricane Florence imposed many challenges — such as power outages, difficulty transporting patients, and preservation of resources. Still, they wore smiles to hide tears and put their skills to work, setting aside their own worries of home to care for patients. These people are the everyday heroes of Sampson Regional, and they are thanked, commended, and honored through the Tree of Love for their sacrifices and dedication. Donations toward this year's Tree of Love will be designated toward upgrading digital mammography to include **3-D breast imaging** (tomosynthesis). Three dimensional mammography images the breasts from more angles than 2-D, increasing the early detection of abnormalities and reducing the number of false positives. **All proceeds in excess of project needs will be designated toward the Foundation's general fund.* The annual lighting ceremony will be held on Sunday, **December 2, 2018, at 4:00 pm** on the lawn of the Woodside Professional Building, followed by a reception in the front lobby of the hospital. The public is warmly invited to celebrate this tradition with the Foundation. Contributions may be made in honor or in memory of your family and friends or in honor of Sampson Regional Healthcare Professionals.

Please check the appropriate box. My Gift is: In Honor of In Remembrance of

NOTE: Please print. Legibility is important so that we properly spell names for all acknowledgements. If you have more than one listing, please use reverse side or request electronic submission by emailing acava@sampsonrmc.org.

Donor's Information

First & Last _____

Mailing Address _____

Email: _____ Phone: _____

In Honor of
First & Last

Mailing Address

In Remembrance of
First & Last

Name and Mailing Address of person you would like to receive acknowledgement of memorial

MULTIPLE LISTINGS FORM

Instructions: Use a separate line for each listing, following the examples below.

DONOR FIRST		DONOR LAST		DONOR ADDRESS		DONOR CITY, STATE, ZIP	
HONOREE FIRST	HONOREE LAST	MEMORIAL FIRST	MEMORIAL LAST	ACKNOWLEDGEMENT ADDRESSEE	ACKNOWLEDGEMENT ADDRESS	ACKNOWLEDGEMENT CITY	ACKNOWLEDGEMENT ZIP
Ex. Jane	Doe			Mrs. Jane Doe	123 XYZ Rd. Suite 123	Somewhere, XY	12345
Ex.		Jane	Doe	The Family of Mrs. Jane Doe	123 XYZ Rd. Suite 123	Somewhere, XY	12345
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