

Rome Hospital Foundation
Physician

Tree of Life



ROME
HOSPITAL
Foundation



Executive Director

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Rome Hospital Foundation
supporting the exceptional patient care at

ROME
MEMORIAL HOSPITAL

Remembrance Permanence Tribute

Rome Hospital Foundation's Tree of Life ensures that the names of the physicians that have cared for patients at our hospital will exist in perpetuity with the lifetime of Rome Memorial Hospital.

Each part of Rome Hospital Foundation's Tree of Life holds a special tribute. The stones engraved with the physician's names, their specialty and years of service are presented on behalf of the Medical Staff of Rome Memorial Hospital in memory of each physician for their years of dedicated service. The leaves represent the opportunity for individual tributes to honor those physicians that have impacted a patient's life with the care that was provided to them or a family member.

Collectively, the Tree of Life will become a living tribute to honor and remember those physicians that served our community.

Becoming a part of the Tree of Life holds a special way of memorializing a physician that is special to you or provides a way to say thank you for the care that you or a member of your family received. By remembering the exceptional care of yesterday, we are able to ensure exceptional care in the present and in the future.

Through the Tree of Life, we can recognize your significant naming gift in a permanent and meaningful manner.

Tree of Life

GIFT

I would like to recognize a physician on the Tree of Life. Please accept my gift of:

- \$250
- \$500
- \$750
- \$1,000

Inscription (select one and please print)

- In Memory of:

NAME

DATE OF BIRTH

DATE OF DEATH

- In Honor of:

Use the space provided below to create your own inscription. We ask that you use 12 words or less due to engraving space limitations.

- Please send me information on including Rome Hospital Foundation in my Will and becoming a member of the Dorothy Griffin Society.

YOUR NAME (PLEASE PRINT)

ADDRESS

CITY STATE ZIP

TELEPHONE

E-MAIL

SIGNATURE

DATE

Please make checks payable to Rome Hospital Foundation, and mail to:

Rome Hospital Foundation
107 E. Chestnut St., Suite 100, Rome, NY 13440

Or, charge my credit card:

- Visa Mastercard
- Discover AMEX

CARD NUMBER

CVV CODE

EXPIRATION DATE

SIGNATURE

Please send notification of my gift to:
(Amount of your donation will not be included).

YOUR NAME (PLEASE PRINT)

ADDRESS

CITY STATE ZIP