Engraving Information

4” x 8” Single Brick: Three lines of 13 characters or less, including spaces. (All Locations)

8” x 8” Double Brick: Five lines of 13 characters or less, including spaces. (HPH Hospice Only)

12” x 12” Large Brick: Six lines of 18 characters or less, including spaces. (Good Shepherd Hospice & LifePath Hospice Only)

Choices. Education. Guidance.

As a compassionate non-profit organization since 1983, Chapters Health System is committed to enhancing the lives of those affected by advancing age or illness. Through our comprehensive system of healthcare choices, we deliver expert care and heartfelt support to guide the community during the aging and end-of-life journey.

From hospice and palliative care for adults and children suffering with life-limiting illnesses to in-home and community-based services for frail but independent seniors, Chapters Health offers a wide range of support services along life’s ever-changing landscape.

We’ll help you navigate your individual experience – empowering you with more choices, education and guidance for these important chapters of life.

Good Shepherd Hospice, HPH Hospice and LifePath Hospice are affiliates of Chapters Health System.

Please detach this form on the perforation, fold and mail with your tax-deductible gift to one of the following locations.

Good Shepherd Hospice
105 Arneson Avenue
Auburndale, FL 33823

HPH Hospice
12107 Majestic Boulevard
Hudson, FL 34667

LifePath Hospice
12470 Telecom Drive, Suite 300 West
Temple Terrace, FL 33637

Good Shepherd Hospice 863-297-1880
HPH Hospice 727-819-5970
LifePath Hospice 813-877-2200
www.chaptershealth.org

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Celebrating a Loved One

One of my favorite childhood memories was watching my Mom work in the garden. One of my last memories of her was at the hospice house, surrounded by her loved ones, in peace and comfort. I thought it was only fitting to place a brick in her memory at the house where she was cared for. It is my way of celebrating her life while supporting the organization who gave us love, hope and support.

— Family Member

A Garden of Celebration and Honor

The Tribute Gardens offer a meaningful way for you to honor someone special while supporting the hospice mission.

The garden, with its beautiful landscaping, adds a lovely dimension to the peaceful surroundings of each Hospice House or Care Center. Its serene haven provides pleasure and comfort to patients, families, and visitors. Bricks are the focal point of the gardens and can be placed in honor and/or in memory of loved ones.

Celebrate the life of someone dear to you by dedicating a brick, garden bench or garden bench to remember a friend who loved nature, a favorite relative whose personality brought light to your life, or someone with whom you shared precious moments. Your gift makes a difference to those in need of end-of-life care.

For more information, please contact

Chapters Health System
Highlands, Polk, Hardee counties (863) 297-1880
Hernando, Pasco, Citrus counties (727) 819-5970
Hillsborough County (813) 877-2200
or e-mail your request to
development@chaptershealth.org
www.chaptershealth.org

Thank you for your support!

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE OF FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. CHAPTERS HEALTH SYSTEM DOES NOT SHARE, SELL OR DISTRIBUTE OUR MAILING LISTS TO ANY THIRD PARTIES, FOR ANY REASON. WE DO NOT MAKE PRECEDENT, MARKET OR DEMOGRAPHIC WARRANTY STATEMENTS.

Chapters Health System
3010 W. Azeele Street
Tampa, FL 33609
(813) 877-2200
Fax: (813) 877-2227
www.chaptershealth.org

My Tribute Garden Gift

- Family Member

Please place my Tribute Garden Gift in:

Good Shepherd Hospice
Hillsborough County

- Family Member

Other Hospices

HPH Hospice
Hernando, Pasco, Citrus counties

- Family Member

Other Hospices

Please notify the following of my gift:

Name

Address

City State Zip

Home Telephone

E-mail Address

Charge my gift to (check one):

Visa

MasterCard

Discover

American Express

Enclosed is my tax-deductible gift of $ __________

This gift is from (please print):

Name

Address

City State Zip

Home Telephone

E-mail Address

Thank you for your support!