



# 2009 Tree of Life

The North Shore Tree of Life is sponsored by the Ochsner North Shore Board of Councilors in honor of Dr. Roy Gregory and Dr. Gerald Keller. All proceeds from the North Shore Tree of Life will benefit cancer services at Ochsner Health Center-Covington.

**The North Shore Tree of Life Ceremony is scheduled for:**

**Tuesday, December 8, 2009 at 10:00 a.m. in the Lobby of Ochsner Health Center-Covington**

My gift of \$ \_\_\_\_\_ is enclosed. (\$20.00 per ornament or brick purchase option—see reverse.)

Please Charge my credit card: ( ) Amex ( ) Discover ( ) MC ( ) Visa

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Zip: \_\_\_\_\_

Phone# \_\_\_\_\_

**I plan to attend the North Shore Tree of Life Ceremony and wish to personally hang my ornament:**

Yes \_\_\_\_\_ No \_\_\_\_\_

**You may also purchase online at [www.ochsner.org](http://www.ochsner.org)!**

I request that my ornament be: ( ) In Honor of or ( ) In Memory of

\_\_\_\_\_  
This name will appear on the card attached to the ornament.

I would like to receive a notification card that I may personalize and send to the honoree or family member of the person being remembered.

( ) Yes ( ) No

Use the back of this form for additional ornaments or a brick purchase.

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\_\_\_\_\_   
 This name will appear on the card attached to the ornament.

I would like to receive a notification card that I may personalize and send to the honoree or family member of the person being remembered.  
( ) Yes ( ) No

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\_\_\_\_\_   
 This name will appear on the card attached to the ornament.

I would like to receive a notification card that I may personalize and send to the honoree or family member of the person being remembered.  
( ) Yes ( ) No

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 This name will appear on the card attached to the ornament.

I would like to receive a notification card that I may personalize and send to the honoree or family member of the person being remembered.  
( ) Yes ( ) No

Yes, I would like to purchase a Pathway Brick.

\_\_\_\_\_   
 Please **circle** one size: \$100-4"x8" \$250-8"x8"

Please spell out inscription exactly as it should appear on your brick.  
Use one block per character including letters, punctuation, and spaces.

**Maximum 20 characters per line.**


Please mail to: Department of Philanthropy  
1514 Jefferson Highway, BH 240  
New Orleans, LA 70121  
Or fax to 504-842-7119.