

HOSPICE

*of Orange & Sullivan
Counties, Inc.*



The circle
is love;
the
branch,
life;
the
blossom,
dignity
in the
darkness

I believe that FRIENDS are quiet angels
who sit on our shoulders and lift our wings
when we forget how to fly. - unknown

Become a FRIEND of HOSPICE

FOUNDING MEMBERS OF THE HOSPICE AUXILIARY

Mary Bonura

Joan Kaplan

Sue Najork

If you have any questions, please call
our Membership Committee
Nancy Kane—845 794-7602
Bevalie MacFarland—845 562-5044
Carol Ziegler—845 534-8228

www.hospiceoforange.com

Hospice Auxiliary

Board of Directors

President - Sue Najork

1st Vice President—Barbara Naru

2nd Vice President—Marilyn D'Ambrosio

Recording Secretary—Pam LaLonde

Corresponding Secretaries—Eileen
Ernst; Bobbi Kahn

Treasurer—Carol Ziegler

Immediate Past President—Mary Bonura

Marilyn D'Ambrosio, Fundraising

Bonnie DiLorenzo, Community Outreach

Colleen Fogerty—Historian

Nancy Kane, Membership

Bevalie MacFarland, Membership

Judy McLaughlin, Community Outreach

Helen Richards, Kaplan Residence/
Parliamentarian

Marlene Stang, Community Outreach

Janet Sullivan, Nominating

Cathy Wood, Publicity/Public Relations

Carol Ziegler, Membership

An Auxiliary member is a true FRIEND of HOSPICE.

Dealing with advanced illness, accepting the prospect of one's own death, preparing for life without a loved one ... these are among the most difficult challenges individuals and their families ever face. And these are the reasons why there is HOSPICE.

A HOSPICE Auxiliary has been formed to promote and advance

the purposes

of HOSPICE of Orange & Sullivan Counties, Inc.

Become a FRIEND of HOSPICE

We hope that you will consider joining us, and enroll as a member to help us in our endeavor.

If I had to sum up FRIENDSHIP in one word, it would be Comfort. - Adabella Radici

HOSPICE affirms life. HOSPICE exists to provide support and care for persons in the final stages of incurable disease so that they might live as fully and comfortable as possible.

The only way to have a FRIEND is to be one.

- Ralph Waldo Emerson

AUXILIARY MEMBERSHIP FORM

Name _____

Street Address _____

City _____

Home Telephone _____

Business Telephone _____

E-Mail Address _____

Annual Dues **\$25.00** Date _____

Please make check payable to: Hospice of Orange & Sullivan Counties, Inc. and mail to:

Hospice of Orange & Sullivan Counties, Inc.

800 Stony Brook Court

Newburgh, NY 12550

I am interested in joining a committee _____ Yes _____ No _____

Thank you for your support!