

**2024 Memory and Honor Tree Response Form**

In order for names to appear on the scrolls in time for the tree-lighting ceremony on December 8, we must receive your response by **November 15**.

This gift is from: (Please Print)

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please CIRCLE In Memory or In Honor for each person listed. Please PRINT names.**

In Memory / In Honor Name \_\_\_\_\_

In Memory / In Honor Name \_\_\_\_\_

In Memory / In Honor Name \_\_\_\_\_

In Memory / In Honor Name \_\_\_\_\_

In Memory / In Honor Name \_\_\_\_\_

In Memory / In Honor Name \_\_\_\_\_

**Amount Enclosed (\$10 per name)** \_\_\_\_\_

*Make check payable to: **MHMH Auxiliary***

Please **print this form** and send along with your donation to  
**The Auxiliary of McCullough-Hyde Memorial Hospital**  
**110 North Poplar Street**  
**Oxford, OH 45056**