

# A Time of Remembrance 2020 - Luminaria Memorial Drive Thru

You are invited to share in a time of remembrance to honor and memorialize your loved one. This year we are also honoring those lives lost during the COVID-19 pandemic. Join our drive thru luminaria memorial for a time to reflect on cherished memories of your loved one. You will have the opportunity to purchase a personalized luminaria that will be placed along the lighted path.



**November 18th from 6:00pm to 8:00pm**

**State of the Heart Care  
1350 N. Broadway St.  
Greenville, OH 45331**



**Please enter our parking lot from the north and exit to the south.**

A virtual ceremony of "A Time of Remembrance" will be available for viewing. A link to the video will be available on our website and Facebook page on December 1st.

*We will be practicing social distancing.*

*Please do not get out of your car during the drive thru ceremony.*

*Staff will be present to offer a free memorial item as you exit the ceremony.*

Personalized luminarias honoring your loved one are available for a donation of \$10.00 each. **All proceeds from the luminarias will benefit State of the Heart Care's bereavement services that are offered at no cost to our patients, families, and community members.** Please see the reverse side for sponsorship opportunities and a special way you can re-connect with a healthcare worker that provided care to your loved one. You may pick up your luminaria after November 18th, 2020. Deadline to purchase a luminaria is November 13th, 2020.

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## Luminaria Form

Name of loved one you are honoring or memorializing: \_\_\_\_\_

If your loved one was a Veteran, please list branch of service: \_\_\_\_\_

If your loved one was a healthcare professional, please list their discipline: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

Payments can be made out to State of the Heart Care and sent to: 1350 North Broadway Greenville, OH 45331 Attn: LUMINARIA

### For online payment and personalization:

If you wish to make your payment online, please visit our website at [www.stateoftheheartcare.org](http://www.stateoftheheartcare.org) and click the "A Time of Remembrance" icon.

By completing this form you consent for your loved one's name to be featured on our ceremony video, website, and social media.





**“A Time of Remembrance” Sponsorship Opportunities**-All proceeds will benefit our bereavement program, allowing us to continue offering support to anyone in the community during their journey through grief.

**\$500 Memorial Giveaway Sponsor**-We will be providing a gift for each person attending the memorial to take home. As a sponsor, your name and/or logo would appear on the gift and you will receive mention on our ceremony video, social media, and website.

*Two spots available*

**\$200 Light Sponsor**-We will be featuring white lights on many of our trees around our building during the memorial. As a sponsor, you will receive mention on our ceremony video, social media, and website.

**\$100 Luminaria Sponsor**-We will be offering luminarias for purchase featuring names of loved ones. These will be featured throughout our lighted path, and those that purchase them will be able to take them home following our memorial. As a sponsor, you will receive mention on our ceremony video.

If you are interested in any of the opportunities above, please contact Erica Wood at [ewood@stateoftheheartcare.org](mailto:ewood@stateoftheheartcare.org) or 800-417-7535.

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### Message to a Healthcare Worker

We would like to offer an opportunity for you to connect with a healthcare worker that made a special impact on you and your family while caring for your loved one. Feel free to write a special message below and we will be sure to deliver it to the person you wish to connect with. Please mail completed message to 1350 North Broadway, Greenville, OH 45331 Attn: Luminaria or email them to Erica Wood at [ewood@stateoftheheartcare.org](mailto:ewood@stateoftheheartcare.org).

Name of Healthcare Worker(s): \_\_\_\_\_

Special Message: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

By completing this form you consent for your message to be featured on our ceremony video, website, and social media.