



MedStar Health

Hospice of St. Mary's
44724 Hospice Lane
Callaway, MD 20620
P 301-994-3023
F 301-994-3318
MedStarHealth.org

October 14, 2021

Extending our Sincere Condolences,

The hospice team is very sorry for your loss and our hearts go out to you during this time. Please know we are only a phone call away.

Each year, Hospice of St. Mary's invites anyone who has lost someone to a Service of Remembrance to honor their loved ones. As with all things, last year's event looked a little different and this year we are again trying something new. In observation of current health and safety concerns, we will hold an outside and socially distanced Luminary Walk at Chancellor's Run Park on November 13, 2021 from 5:00 pm to 7:00pm.

Each person we are asked to recognize will have their name on a luminary that will be placed in the center of the park creating a safe and reflective environment to walk so that we can remember and honor their loved ones.

If you would like your loved one to be placed on a luminary, please return the bottom half of this form with the identified information. Their name will appear as it appears on this form. If you have any further questions, please contact Hospice directly at 301-994-3023.

We do not charge a fee for this event or our bereavement services. We ask only that those who can donate do so to help support our mission. Our goal with this event is to continue to provide grief support to our hospice families and all members of our community, whether or not they have been served by Hospice of St. Mary's.

Sincerely,
The Staff of Hospice of St. Mary's

Please return this form to hospice by November 1, 2021 to have your loved one recognized.

Please fax to 301-994-3318 or email to the Bereavement Coordinator dawn.kelly@medstar.net

Services of Remembrance 2021

Loved One's Name _____

Date of Birth _____ Date of Death _____

Was your loved one served through Hospice of St. Mary's? [] Yes [] No

Primary Contact Name _____

Relation to loved one _____ Phone Number _____

Number of Participants expected _____ Email _____

Home Address _____

City _____ State _____ Zip Code _____

I would like to receive the Hospice of St. Mary's newsletter

Electronically [] By mail [] Neither []