

*This world may change  
From year to year,  
And friends from day to day;  
But never shall the one we loved  
From memory pass away.*

# Heartwood<sup>TM</sup> Tree

Every Leaf Tells a Story

**CENTRAL NORTHEAST HEALTH FOUNDATION**

P. O. Box 222, Gander, NL A1V 1W6  
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/cnehf   @cnehf1



## Every Leaf Tells A Story!

From the beginning of time, trees have been closely associated with life. They are symbols of timelessness, strength, roots and power. Every leaf telling its own story.

The Central Northeast Health Foundation's Heartwood Tree™ has been established at Bonnews Lodge in Badger's Quay and at Lakeside Homes in Gander. The gold and silver leaves of the Heartwood Tree are a special place to remember loved ones who are no longer with us, but will remain in our hearts forever.

All proceeds realized from this project at each location, will support the purchase of priority medical equipment for resident care at that specific long term care facility.

To find out how you can make a lasting memorial to commemorate your loved one, contact the Central Northeast Health Foundation at (709) 256-5742, speak to staff at this long term care facility or complete the order form attached.

Our display will be updated four times a year.

Thank you for your support!



Central Northeast Health Foundation  
Tel: (709) 256-5742  
P. O. Box 222, Gander NL A1V 1W6



We want to remember a special person on your *Heartwood Tree*™

### PLEASE COMPLETE AND PRINT CLEARLY

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

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

Town: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Phone: \_\_\_\_\_

Name to be engraved: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

Year of Birth: \_\_\_\_\_ Year of Death: \_\_\_\_\_

Silver Leaf \$75.00       Gold Leaf \$125.00

Where would you like your leaf displayed:

Lakeside Homes       Bonnews Lodge

### ENGRAVING AND RECOGNITION

I understand that the maximum number of characters for each leaf is 100, including spaces. Please engrave the following verse or tribute:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We would like to make our gift using:

A personal cheque payable to the Central Northeast Health Foundation

VISA       MasterCard

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_