



Garden Club of Georgia – Garden Therapy

Christmas Stocking / Easter Egg / Fig Leaf Participation Record

Name of Garden Club _____ Club # _____

Name of Club President _____

Address _____

City, Zip _____ Phone _____

Date: _____ District _____

[_____] # of Christmas Socks sent or [_____] # of Easter Eggs Sent and/or [_____] # of Fig Leaf items sent

Mail socks / eggs / fig leaf items to the Hospital of your choice. See State Map to determine which hospital services your county. [Phone #'s are provided for UPS shipments.]

Garden Therapy c/o Ranita Keener [706] 792-7207
East Central Regional Hospital
3405 Mike Padgett Highway
Augusta, GA 30906-3897

Garden Therapy c/o Martha Ness
Activity Therapy Supervisor (478) 445-0017
Central State Hospital - Powell Bldg Rm 113E
620 Broad Street
Milledgeville, Georgia 31062

Garden Therapy c/o Mariah Hay,
Volunteer Services [912] 356-2103
GA Regional Hospital at Savannah
1915 Eisenhower Drive
Savannah, GA 31406

Garden Therapy c/o John Paul Breault
Northwest Ga Regional Hospital [706] 295-6709
1305 Redmond Circle, Bldg 405
Rome, GA 30165-1345

Garden Therapy c/o Gail Raby
Activity Therapy Dept [404]243-2277
Ga Regional Hospital in Atlanta - Bldg 6
3073 Panthersville Road
Decatur, GA 30034

Garden Therapy c/o Lisa Sweat
Activity Therapy Coordinator [706] 568-5261
West Central Regional Hospital
3000 Schatulga Road
Columbus GA 31907-3117

Garden Therapy c/o Marsha Sykes- Coordinator
Activity Therapy Dept [229] 227-2970
Southwestern State Hospital
400 South Pinetree Boulevard – Bldg 100
Thomasville, Ga 31799-1378

Cut on line. Send top portion with socks/ eggs/ fig leaf items. Send bottom with check to treasurer.

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For accounting purposes, **All Monies** need to go to the GCG Garden Therapy Treasurer, regardless of which hospital gets mdse. Make check for \$1 per sock /egg payable to **GARDEN THERAPY** and mail to:

Margaret Ballard, GCG Garden Therapy Treasurer
P. O. Box 338, Cornelia, Ga 30531-0338

Name of Garden Club _____ Club # _____

Name of Club President _____

Address _____

City, Zip _____ Phone _____

Date: _____ District _____ \$ _____ **amt of check**

[_____] #of Christmas Socks sent or [_____] # of Easter Eggs Sent and/or [_____] # of Fig Leaf items sent

To which Hospital did you send your socks /eggs /fig leaf items? [] Central State, Milledgeville
[] NorthWestRegional, Rome [] EastCentral GRH, Augusta [] Ga Regional, Savannah
[] SouthWest, Thomasville [] WestCental, Columbus [] Ga Regional, Atlanta