



# 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.** [ Phone #'s are provided for UPS shipments. }

East Central Regional Hosp- Augusta  
Ms. Ranita Keener, Horticulture Therapy 706-792-7075  
3405 Mike Padgett Highway  
Augusta, GA 30906-3815

Garden Therapy - Ms. Pamela Reese  
Director Community Projects (478) 445-8270 ext. 0683  
Central State Hospital - Powell Bldg Rm 113E  
620 Broad Street  
Milledgeville, Georgia 31062

Garden Therapy  
Volunteer Services [ 912] 356-2103  
GA Regional Hospital at Savannah  
1915 Eisenhower Drive  
Savannah, GA 31406 -5098

Garden Therapy –  
Activity Therapy Coordinator [706] 568-5343  
West Central Regional Hospital  
3000 Schatulga Road  
Columbus GA 31907-3117

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

Northwest GA Regional Hospital in Rome has closed

Garden Therapy c/o Marsha Sykes- Coordinator  
Activity Therapy Dept [229] 227-2970  
Southwestern State Hospital  
400 South Pinetree Boulevard – Bldg 100  
Thomasville, GA 31799-7128

Cut on line. Send top portion with socks/ eggs/ fig leaf items. Send bottom with check to GT 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 Club of Georgia** - put GARDEN THERAPY in memo line and mail to: **Janis Stapleton, GCG Garden Therapy Treas. 544 Skyland Drive, Cornelia GA 30531-1838.**

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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?

[ ] East Central GRH, Augusta [ ] Ga Regional, Savannah [ ] Central State, Milledgeville

[ ] South West, Thomasville [ ] West Cental, Columbus [ ] Ga Regional, Atlanta