“We are never ready to say goodbye. Your sensitivity and compassion helped make a difficult time a little less painful. Your presence gave us more strength than we had on our own. Your kindness will always remain as a light of peace in our hearts.”

– Patient Family
SINCE 1987, Hospice of Green Country’s vision has been to be the pacesetter for compassionate end-of-life care that serves the physical, emotional, and spiritual needs of the patient as well as the patient’s family. HGC’s mission – to provide that care to patients and families, regardless of their ability to pay – is grounded in one core belief: everyone deserves to die with dignity, in comfort and peace.

HOSPICE OF GREEN COUNTRY

- Affirms life.
- Supports the whole person.
- Believes dying is a natural process and a profoundly personal experience.
- Respects and supports the personal, cultural and religious values, beliefs, and practices of all.
- Practices responsible stewardship of the resources entrusted to us.
- Believes suffering can be relieved.
- Believes compassionate end-of-life care should be available to all.
- Sets the standard for skilled, compassionate care.

HOSPICE OF GREEN COUNTRY is licensed by the State of Oklahoma and is Medicare certified. It is a member of the Oklahoma Hospice and Palliative Care Association as well as the National Hospice and Palliative Care Organization.
Dear Friends of Hospice of Green Country,

2009 was a challenging year for many in Tulsa, the country, and even the world. Hospice of Green Country was no exception. We are proud to say that coping with the difficult economic times brought out the best in all the dedicated people of Hospice of Green Country – volunteers, staff, and the leadership.

Everyone pitched in, rolled up their sleeves, and worked a little harder and a little (sometimes a lot!) longer to make it work. Our agency came through and delivered the quality services the Tulsa area has come to recognize as the trademark of Hospice of Green Country – quality that makes all the difference in our patients’ end-of-life experiences, as well as in those of their family’s.

Quality care at the end of life can lead to many wonderful things, including improved quality of life, no matter how much or little time is left. Quality of life can be improved through medication management, pain reduction, or the provision of other services that allow the patient and his or her loved ones to focus on being together during the time available to them. To spend time connecting and making the most of each other’s company, with the peace of mind that comes from knowing that the patient is getting the best care possible. And, sometimes improving the quality of a patient’s life can also increase longevity for that patient, at a time when every day is a precious gift.

One of the wishes we all have at Hospice of Green Country is for patients to come to us sooner rather than later, so that we can help ensure as much quality time and quality of life as possible for that individual. Our goal for each new patient is to have pain and symptom relief within 48 hours of being admitted to service. After that first 48 hours, then, each patient can live every remaining day as fully as possible for them.

Many thanks to the staff and volunteers at Hospice of Green Country for all they do. Many, many thanks to all the friends of Hospice of Green Country for your continued and generous support. You have improved countless lives! We are deeply grateful.

Nelly Vanzetti, Ph.D.
2009 President

Tamra Moore, RN
Executive Director

Board of Directors

P.S. As the daughter of a former patient of Hospice of Green Country, I can attest to the difference it made in my quality of life once my mother was being cared for by HGC. I was able to stop worrying about what to do next and just spend time with my mom in her last days.

I am so glad that I had a few months of peaceful time before my mother passed away while she was on service, rather than having spent that time going back and forth between the Emergency Room and the nursing home! How much more pleasant for both of us.
**CORE SERVICES**

Hospice care is not about how you die, it’s about how you live at the end of life’s journey. Quality end-of-life services allow the patient, their family, and friends to focus on the matters that count in the final weeks, days, and hours of their time together.

For over 20 years, Hospice of Green Country (HGC) has provided end-of-life care to our friends and neighbors in northeastern Oklahoma. This doesn’t simply mean “keeping the patient comfortable”; it’s far beyond that. Once a patient is admitted, the assigned hospice care team begins their work with the patient and family to make sure all their hospice needs are met.

- the RN case manager provides pain and symptom control to meet the goal of relief within 48 hours;
- the hospice aide provides personal care to the patient;
- the social worker assesses the patient and their family’s emotional and social issues, works with the entire family, as needed, to provide a quality end-of-life and prepare for the inevitable death of the patient;
- the chaplains provide spiritual support where needed and even serve as a caring ear to talk through unresolved issues, regrets, or share stories of great accomplishments;
- and volunteers who are willing to do whatever is needed, from running errands for a family to sitting vigil with the family in the final moments of the patient’s life.

**SPECIAL PROGRAMS:**

**COURTESY CARE** extends our services to patients and their families who do not have the ability to pay. Courtesy Care patients either don’t have insurance, are under-insured, or are too young to qualify for Medicare. In 2009, the average age of the Courtesy Care program patient was 55; however we currently have patients in their early 30s.

**BRAZOS ABIERTOS** provides the same quality and compassionate care offered to all with the inclusion of culturally sensitive approaches to our Latino and Hispanic patients and families. And, offers education and assistance to the Latino and Hispanic communities about the end-of-life options available to them.

**LIVE ALONE** allows patients with limited means and no caregiver or limited access to a caregiver the opportunity to stay in their homes in familiar surroundings, feeling safe and secure. Patients in this program receive one or more services consisting of: meal preparation, medical alert system, key box for access, and a volunteer or paid caregiver when it is determined the patient is unable to remain alone. Only HGC offers this program in northeastern Oklahoma.

**PET PEACE OF MIND** allows cherished pet companions to stay in the home when the patient can no longer feed or care for them due to their own health care needs; providing pet food or litter, spaying or neutering services, vaccinations, pain and comfort medications, flea and heartworm preventatives, grooming, or other routine veterinary care. PPOM also provides reassurance that the patient’s beloved family member will be taken care of after they are gone. For many patients, their pet companions may be their only family. Pet Peace of Mind was created and developed by Hospice of Green Country and has been nationally recognized.

In 2009, 56 patients and 130 animals participated in the Pet Peace of Mind program. Volunteers contributed 372 hours to serving the needs of these pets.
AVE ANNE JULIAN – A STORY OF STRENGTH

Having battled abdominal cancer since 2006, worn out by the treatments, Ave Anne Julian was sent home from the hospital to her daughter in December and given six months to live. Hospice of Green Country’s care team was called in and found Ave very frail but with a positive attitude ten times her size and circumstances. After their assessment, HGC implemented the hospice care plan.

Three months later, as she walked from the car to the house, Ave felt the strength return to her legs. Believing that she was not going to have to crawl up those front stairs again, Ave grabbed the hand-rail and walked slowly up into the house. At the end of the week, the strength was still present so Ave decided it was time to move out and give her daughter and herself some privacy.

Aided by her son, she found a small house that would need work, but she was prepared to live in the midst of the renovation. Since she had pretty much sold her life’s possessions when she moved in with her daughter, Ave was going to be starting from scratch, but she felt strong and determined. The Stage-IV cancer was still there. Ave was terminally ill, but she had a purpose and she had her faith.

Ave attributes her positive attitude to her upbringing in Waxahachie, Texas by a mother who never let her children think they could do anything but succeed. Failure was not an option. “You just worked at whatever until you succeeded. I didn’t know what it was like to be sad.” That positive attitude helped her get through the dark times when her husband, David, died unexpectedly at age 39, leaving her with four small children, the youngest only two years old. And, when she was given only six months to live, it helped her stay positive while she regained some of her old strength.

Ave had the house gutted, re-plumbed and rewired, all the while sleeping and living in the living room. Her son bought her some quality masks as protection against the dust when the central air and heat were installed. She went online to find new furniture, wallpaper and light fixtures. She found a Tulsa repairman who made her 1930s Chambers stove like new. Three months later, today, the house is a cozy bungalow, Ave’s refuge and sanctuary.

Ave still feels strong and she rejoices in every pound she gains, even though her symptoms occasionally return full-force to wrack her body. She is ready to face whatever her future holds for her and in the time she has left, she’ll share her story with anyone. “Never give up, even if you are given only six months to live,” she urges. Ave goes on to say that she’s grateful even for the bad times because you can’t appreciate the peaks unless you’ve gone through the valleys. She agrees with HGC’s mission and vision to bring quality to the end of one’s life journey. “Quantity is not always a good thing,” she says, “but quality is always good.” And, sometimes, quality can improve the quantity.
**MEDICAL DIRECTOR:** The Medical Director makes sure that each HGC patient receives all the medically indicated services needed to control the symptoms of the patient’s terminal illness. The Medical Director has much experience in treating the symptoms of the terminally ill, and therefore is a valuable resource to the patient, the family, and the hospice staff in managing the overall care plan for the patient.

“Doctors tend to refer patients only when they’ve exhausted all avenues of treatment, when often they should be referring at the beginning of the diagnosis. Goals change when patients are referred to hospice; we focus on being happy in the moment. It’s more about quality of life.”

**REGISTERED NURSE CASE MANAGER:** The leader of the hospice care team, the Registered Nurse/Case Manager plans and implements the hospice care for assigned patients, coordinating with the other care team members, working with the patient’s physician, the hospice Medical Director, and with the family to provide pain and symptom control while remaining cognizant of the patients goals; all with the intent to improve quality of life.

“People just don’t understand how important end-of-life care is. I don’t want a lot of trauma and drama at the end of my life, so I hope Hospice of Green Country is there to make my passage easy.”

**SOCIAL WORKER:** The social workers move mountains and initiate community services to make the final days for patients and their families easier; tries to resolve any financial problems so there is a secure future, makes final dreams come true, brings patients peace of mind with the placement of their beloved pets, arranges final good-byes, and provides bereavement services and counseling. A wonder-worker, the social worker does it all.

“I just really believe that people should leave this world feeling taken care of. The needs of hospice patients and their families are so great and the window of opportunity to help is so short that the pressure is always on.”

**CHAPLAIN:** Some people need a prayer, others only a warmly held hand and a listening ear – HGC chaplains provide multi-faith spiritual care to the patients and their families. They are unimposing companions on the patient’s self-guided journey toward their end of life – helping patients and their families work through unresolved issues or regrets, celebrating their stories of great accomplishment. The chaplain lends spiritual support to the family and friends, even after the patient’s death.

“I was an electrician when my sister died. I was impressed by her hospital chaplain and when I was driving home, a voice in my mind said clearly, “Prepare yourself for this kind of work.” I had never given it a thought up until that time. This work gives me great personal satisfaction.”
HGC’s Bereavement program reaches out to the family and friends of the patients for at least thirteen months after death. Our chaplains and social workers offer counseling, answer questions and provide resources to help families cope as they journey through the grief process.

**VOLUNTEER:** Critical members of the team, volunteers go wherever they are needed and do just about anything to help a patient and the family. They run errands, deliver medicines, mow yards, take patients to their doctors, be companions to both the patients and their caregivers, giving respite when it’s so desperately needed. They walk and feed the pets, fix windows and doors, and sit vigil with the family in the final hours of the patient’s life.

“These are people I would never get to meet in my lifetime. I feel so honored that they are letting me into their lives at this most personal and intimate time.”

**HOSPICE AIDE:** Strong and tender, the Hospice Aide helps patients shower and shave, dress and get up (if possible), tending to patient comfort. The aide may also assist in light house-keeping and meal preparation. Aides may see their patients several times during the week and are often the team’s first alert to any change in condition.

“This work was supposed to be temporary, but now I love my job too much to pursue my degree in criminal justice. I have too many patients I just can’t walk away from.”

**PATIENT SERVICES SUPPORT TEAM:** The Hospice Care Team cannot do it alone. Behind the scenes, back at the office, providing support to each team member as well as to the patients and their families is the Patient Services Support Team. The Director of Patient Care, essentially the head nurse, confers on medical issues and questions of the team members. The admissions nurse along with a social worker visits with the patient and the family to insure patients are appropriate for hospice and to determine the most urgent hospice needs. The Clinical Coordinator works with pharmacies, equipment supply stores, physicians and the hospice care team ordering and managing patient prescriptions and medical equipment. The overnight on-call nurse and the weekend on-call nurse handle the off-hour phone calls from patients or their families, often in crisis, and provide care as needed. And, finally, members of the administrative staff take calls, keep track of care team schedules, update and file patient records, and generally keep the hospice activities running smoothly.

“The support we provide the hospice care team is really important to patients, families, ...really everyone. We help keep communication flowing making sure everyone is updated at all times.”
In addition to direct care, patient services support team members and volunteers play an important role in ensuring the patient and family are supported in every way needed.

**WHAT IT TAKES TO PROVIDE 16,752 QUALITY AND COMPASSIONATE PATIENT CARE DAYS TO PATIENTS AND THEIR FAMILIES**

Community education regarding end-of-life care is a key component to improving the quality of life for patients facing terminal illness. Patients are often referred to hospice services near the end of their life’s journey, however earlier referral of a hospice appropriate patient may offer pain and symptom relief sooner and allow more time with friends and loved ones. In 2009, 41% of the patients on our service were with us for more than three months.

**DIRECT CARE STAFF VISITS AND CALLS**

<table>
<thead>
<tr>
<th>Staff Type</th>
<th>Visits and Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>4,340</td>
</tr>
<tr>
<td>Hospice Aide</td>
<td>4,332</td>
</tr>
<tr>
<td>Equipment and Medication Deliveries</td>
<td>1,170</td>
</tr>
<tr>
<td>Admissions, Evaluations and Information</td>
<td>478</td>
</tr>
<tr>
<td>Bereavement</td>
<td>541</td>
</tr>
<tr>
<td>Chaplains</td>
<td>755</td>
</tr>
<tr>
<td>Social Workers</td>
<td>2,191</td>
</tr>
</tbody>
</table>

Medicare mandates 5% of a hospice’s clinical hours be matched by volunteer hours. In 2009 HGC’s matching percentage was 10%.
## STATEMENT OF ACTIVITIES

December 31, 2009

### REVENUE

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare and Private Insurance</td>
<td>$1,773,360</td>
</tr>
<tr>
<td>Contributions</td>
<td>431,977</td>
</tr>
<tr>
<td>Tulsa Area &amp; Rogers County United Ways</td>
<td>83,412</td>
</tr>
<tr>
<td>Investments</td>
<td>27,098</td>
</tr>
<tr>
<td>Realized gain on disposal of asset</td>
<td>400</td>
</tr>
<tr>
<td>Other Income</td>
<td>8,521</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$2,324,768</strong></td>
</tr>
</tbody>
</table>

### EXPENSES

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reimbursed Care</td>
<td>$1,508,817</td>
</tr>
<tr>
<td>Courtesy Care Program</td>
<td>423,701</td>
</tr>
<tr>
<td>Brazos Abiertos Program</td>
<td>13,185</td>
</tr>
<tr>
<td>Live Alone Program</td>
<td>55,422</td>
</tr>
<tr>
<td>Pet Peace of Mind</td>
<td>37,020</td>
</tr>
<tr>
<td>Administration</td>
<td>306,355</td>
</tr>
<tr>
<td>Fundraising</td>
<td>86,082</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$2,428,582</strong></td>
</tr>
</tbody>
</table>

## STATEMENT OF FINANCIAL POSITION

December 31, 2009

### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$156,439</td>
</tr>
<tr>
<td>Accounts receivable, net allowance for doubtful accounts</td>
<td>155,543</td>
</tr>
<tr>
<td>Pledges receivable</td>
<td>1,120</td>
</tr>
<tr>
<td>Investments</td>
<td>102,419</td>
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<tr>
<td>Prepaid expenses</td>
<td>1,692</td>
</tr>
<tr>
<td>Other assets</td>
<td>9,893</td>
</tr>
<tr>
<td>Beneficial interest in Remainder Trust</td>
<td>74,644</td>
</tr>
<tr>
<td>Beneficial interest in assets held by Tulsa Community Foundation</td>
<td>66,650</td>
</tr>
<tr>
<td>Property and equipment, net of accumulated depreciation</td>
<td>64,157</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$632,557</strong></td>
</tr>
</tbody>
</table>

### LIABILITIES AND NET ASSETS

#### LIABILITIES

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$49,145</td>
</tr>
<tr>
<td>Accrued payroll</td>
<td>43,559</td>
</tr>
<tr>
<td>Accrued paid time off</td>
<td>26,764</td>
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<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$119,468</strong></td>
</tr>
</tbody>
</table>

#### NET ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>$381,657</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>131,432</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>513,089</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td><strong>$632,557</strong></td>
</tr>
</tbody>
</table>

### 2009 EXPENSES

- **Core Hospice Services, 62%**
- **Brazos Abiertos Program, 1%**
- **Fundraising, 4%**
- **Pet Peace of Mind, 1.5%**
- **Administration, 12.5%**
- **Other income, .5%**
- **Medicare and Private Insurance, 76%**
- **Contributions, 18%**
- **United Way, 4%**
- **Realized gain on disposal of asset, .5%**
- **Investments, 1%**
- **2009 REVENUE**
HONOR ROLL OF DONORS

Hospice of Green Country relies on the generosity of the community to support the mission and programs in Tulsa and surrounding areas. The following Individuals, Groups, Corporations, Churches, and Foundations have financially supported Hospice of Green Country this year:

$1,000 – $4,999
Anonymous
Mr. and Mrs. Rex Allen
William S. and Ann Atherton Foundation
Mr. W.M. Benson & Family
Margery Mayo Bird Foundation
Mr. and Mrs. Chuck Blue
Bryce Law Firm, PLLC
Cecil and Virgie Burton Foundation
Mr. Michael R. Cochran
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Charitable Trust
Mr. and Mrs. Glenn Hudgens
Mrs. JoAnn M. Huff
Johnson & Johnson
Judith & Jean Pape Adams
Charitable Foundation
The L.C. Helbert Trust
Leaders Life Insurance Company
Mr. Edward Main
Ms. Cathy L. McDonald
James C. & Mary E. Muir
ONEOK Foundation, Inc.
Arthur A. Rasher, PhD
Drs. Andrew and Heather Revelis
Mr. and Mrs. Stephen Rodolf
Spirit AeroSystems
Tulsa Community Foundation
Nelly Vanzetti, PhD
Williams Companies

$50,000 AND ABOVE
The Helmerich Foundation
Tulsa Area United Way
The Anne & Henry Zarrow Foundation

$25,000 – $49,999
The Mervin Bovaird Foundation
H.A. & Mary K. Chapman Foundation
George Kaiser Family Foundation

$10,000 – $24,999
Edward E. and Helen T. Bartlett Foundation
Grace and Franklin Bernsen Foundation
Founders of Doctor’s Hospital, Inc.
The Hardesty Family Foundation, Inc.
The Hille Foundation
The Herman Kaiser Foundation
Rogers County United Way
Charles and Lynn Schusterman
Family Foundation
Jess L. and Miriam B. Stevens Foundation
C.W. Titus Foundation

$5,000 – $9,999
Mr. and Mrs. Steve Anderson
Banfield Charitable Trust
Cox Connects Foundation
Good Neighbor Fund of Spirit Aero Systems Inc.
The Helmerich Trust
Ralph & Frances McGill Foundation
The Oxley Foundation
David E. and Cassie L. Temple Foundation

$500 – $999
Dr. Jeffrey Alderman and
Ms. Tobey Ballenger
Mr. Ted J. Bock
Mr. Brad Breneman
Ms. Pamela Cox
Mr. and Mrs. Arlo Dekraai
Farmers Insurance Company
Mr. Rodger Goldman
Great Southern Technologies, LLC
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Mr. and Mrs. Dan Lowe
Ms. Carolyn E. Maranca
Ms. Loretta Roberts Nowinski
Public Service Co of Oklahoma
Ms. Mollie Williford
Susan and Larry Young

$100 – $499
Anonymous
AT&T Employee Giving
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Mr. and Mrs. Roger Ames
Mr. and Mrs. Dan Arthrell
Mr. and Mrs. Michael D. Bagby
Family Foundation
Mr. and Mrs. Jess Baxter
Mr. and Mrs. Charles Beckman & Bruce
Ms. Rita E. Bell
Mr. and Mrs. John B. Benear
Bennett Steel Fabrication, Inc.

Every effort is made to ensure the accuracy of this list, any omissions or errors should be reported to the Development office at 918-747-2273.
The typical for-profit hospice rate in serving low income individuals is 1.5% of their patient census. HGC’s three year average rate in serving the low income population is 23% of our patient census.
Ms. Debbie Stuart
Mrs. Lorena P. Sublett
Mr. Leonard Sutterfield
Mackie Sutton
Mr. Theodore G. Theban
Mr. and Mrs. E. L. Thomas
Ms. Martha Todd
Tulsa Route 66 Marathon, Inc.
Campus Directors of Tulsa Tech
Mr. Pat Turner
Mr. and Mrs. William Vernon
Mrs. Mary E. Vise
Mrs. Pam Von Rhee
Mr. and Mrs. Robert V. Westermark
Mr. and Mrs. Edward Witterholt
Ms. Martha Todd
Tulsa Route 66 Marathon, Inc.
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Mrs. Mary E. Vise
Mrs. Pam Von Rhee
Mr. and Mrs. Robert V. Westermark
Mr. and Mrs. Edward Witterholt

UNDER $25
Anonymous
Ms. Helen M. Allen
Mrs. Sherry Baker & Betty Stepp Family
Joseph F. and Loray C. Brady
Mr. and Mrs. Chris Cadieux
Mr. and Mrs. Otto Cantrell
Ms. Carolyn A. Chaffin
Mrs. Carol E. Christopher
Ms. Rebecca E. Coffee
Mrs. Wilma Cummings
Ms. Deborah Davis
Judy F. Goodale
Mr. and Mrs. Henry Grego
Ms. Rebecca Hamilton
Mr. and Mrs. F. L. Hayhurst
Ms. Ann Houchin
Mr. Arthur Hunter
Mr. Verlin C. Lee
Liberty Mutual Foundation Match
Ms. Joaquina Marquez
Mrs. Carole McCormick
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Mr. and Mrs. Chalmers Seymour
Ms. Elizabeth Sheehan
Ms. Julie Smith
Mr. and Mrs. R. C. Swanson
Mr. and Mrs. F. Peter Wallace

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Foursquare Church
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Arrow Flowers
Judy Averill
Aviva Flowers
Bloomies of Tulsa
David Borden
Anne Box
Phyllis Bryce
Burnett’s Flowers
Debra Calderon
Nina Cappai
Catoosa Flowers
Ray Chance
Patsy Childers
Linda Conley
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Dina Cundith
Tuck and Kate Curren
Marydely De Sousa
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Edith Garrett
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Girl Scout Troop 2048
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Denise Lange
Liz Lazar
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Restore Hope Ministries
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Rita Temple
Gary Ann Tomkalski
Toni’s Flowers
Unity Church of Christianity
Congregation
Omaira Vieira
Terri Wall
Williams Audit Services Department
David Wood
Wortman Central Air Conditioning
Ginny Yatzkan
Ann’a Zimmer

2009 COMMEMORATIVE GIFTS
Hospice of Green Country had the honor of accepting gifts in tribute to the following individuals:

GIFTS IN HONOR OF
Millic Arthrell
Mr. and Mrs. Dan Arthrell
Buddlegus Austin
Annie and Steve Elsberry
Jim Campos
Mr. Dewey Daniels
Dollie Dorough
Ms. Sharon Regner y &
The Step Sisters
Chaz Gait
Members, Unity Church
of Christianity
Pauline and Joe Ray Kenton
Anonymous
Jeanee Doherty, Linn Kuhnel,
Carol McCombs
Mr. and Mrs. Chuck Blue
Jane Mudgett
Robert G. and Teresa Burkett
Ron Peters
Dr. and Mrs. Jerry Gustafson
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Patsy Pridley
Ms. Nancy Keesee-Walter, DO
Robert Robe
Mr. and Mrs. Marvin F. Griffin
Voyce Jane Roberts
Ms. Carolyn D. Henry
Nelly Vanzetti, PhD
Mr. and Mrs. Harold Charney
Mr. Matthew D. Davis
Lizzie Young
Sue and Larry Young
Sue and Larry Young
Mr. and Mrs. Don Harral
Dr. William Tankersley III
Steven M. Schnitzer

GIFTS IN MEMORY OF
Marlene Dodd Andersen
Mrs. Mary E. Vise
Dorothy Anderson
Ms. Mary Schwenedeman
Ray and Dorothy Anderson
Jimmy and Annelle Gault
Judith Rebecca Garrett-Armellini
Mr. and Mrs. Toby Armellini
Ms. Mary Ann Barnhart
Mr. and Mrs. Ray Booker
Ms. Jettie Hobbs
Mr. and Mrs. Paul Kantor
Mr. and Mrs. Ed Potts
Ms. Pamela Tucker
Dorothy Arnold
Mr. and Mrs. C.R. Morton
Ms. Dorothy L. Peterson
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Baron and Whisper
Ms. Rosemary Frew
Hugh Baser
Ms. Gail Boyd Bird
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Mr. and Mrs. Ray Lang
Dana Iva Bell
Aileen and Roger Bell
Martin Bell
Ms. Rita E. Bell
The Rev. Dr. Russell L. Bennett
Nancy L. Bennett
Lee Bennington
Mrs. Lillie Bennington
& Family
Mr. and Mrs. Gary Bennington

11
In 2009, seventy-seven volunteers gave 5,300 hours of time and drove almost 34,000 miles, saving the agency $115,313.
Brazos Abiertos has been providing translation services and culturally sensitive hospice care to area Hispanic and Latino communities since May of 2006.

Tom Lowry
Mr. David Kasprzyk and Ms. Leslie Lowry
Robert B. Lyon
Mr. and Mrs. Walter H. Helmerich III
Elizabeth MacKay
Mr. Neill MacKay
Jason Mackey
Mr. and Mrs. Walter H. Helmerich III
Nancy Markley
Mrs. Maura Pollak
Ellen Marlin
Mr. Walter Marlin
Helen Mauger
Ms. Carolyn E. Maranca
Nancy Lee Mauldin
Ms. Brianne Beagley
Ms. Erikalen Bernis
Ms. Janice Hogue
Ms. Alma Hostetler
Mr. and Mrs. Vincent Hostetler
Ms. Susan Scudamore Hurt
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Ms. Inma J. McCaskill
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Mrs. Mae Evelyn Jenkins
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R.D. and Sharon Cooper
Shannon McKim Mead
Mrs. Mary E. Vise
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Hazel Mettin
Mr. and Mrs. Walter H. Helmerich III
Lena Kosted & Candice M. Schmook
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Mrs. Betty Jean Westlake
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Frances Nessler
Mr. and Mrs. Edward Witterholt
Lester I. Nienhuis
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Mr. and Mrs. Walter H. Helmerich III
Debbie Palazzo
Ms. Nancy Allen
Alzheimer’s Association
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Mrs. Cindy Hutchings

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Ted and Nancy Kachel
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Ms. Cheryl A. Kilpatrick
Ms. Andrea Kunkel and Mr. John Peters
Mr. and Mrs. David Leifeste
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Mr. and Mrs. Patrick Lovely
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Mr. and Mrs. George Walker
Webo Industries, Inc.
Mr. Todd Welsh

Patches the Cat
Susan & Gilian Cockrell
Grace Helen Peek
Mrs. Oleta Corley
B. J. Pettis
Ms. Jane Wiseman and Mr. Jim Hodges

Bert Phares
Ms. Lucille Phares
Mr. Maple Phares
Janusz Piotrowski

Mr. and Mrs. Edward Witterholt
Earnest Porter
Mrs. Jane Higgins
Pat Priddy
Mr. and Mrs. Martin Porter
Mr. and Mrs. Brad Rinehart
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Barbara Webster
Beverly Proft
Mr. B.W. Proft

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Judy Averill  
Pratip (Bandy) Bandyopadhyay  
Mary Barrett  
Ronald Baxter  
Jim Beach  
Stacie Bieli  
David Blackburn  
Katrina Bogdon  
Ann Box  
Carole Broadland  
Cathy Campbell-Cole  
Camellia Colbert  
Irene Comer  
Zandy Crawford  
Rick Crouch  
Michele Crunchleton  
Jeanie DeValle  
John Dewey  
Randall Duvall  
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Sandi Garrett  
Joe Garrett  
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Elizabeth Ham  
Teresa Hardesty  
Cathy Harris  
Deloris Higgins  
Amy Hoagland  
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Michael Jesiolowski  
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Jeremy Keifer  
Andrea Kidwell  
Pam Kieslich  
Linn Kuhnle  
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Shannon Leak  
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John Martin  
Lee Matlock  
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Frances McHenry  
Tena McMillan  
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Mary Melton  
Lizette Merchan-Pinilla  
Amy Miles  
Gretchen Miller  
Sandra Mosby  
Lynne Murtha  
Katherine Neubauer  
Leah Nichols  
Joe Ozmun  
Mina Phillips  
Betsy Piantanida

In 2009 Hospice of Green Country provided 3,058 patient care days through the Courtesy Care program to our friends and neighbors who could not afford hospice services.
Three locations serving ten northeastern counties of Oklahoma:

Hospice of Green Country, Inc. • 2121 S Columbia, Ste 200 • Tulsa, OK 74114 • 918-747-2273
Northeast Office • 1005 W Archer • Claremore, OK 74017 • 918-342-1222
Southwest Office • 19 N Main • Sapulpa, OK 74066 • 918-224-7403

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