It is difficult to talk about grief without falling into clichés and generalities. Yet each grief experience is as unique as the person who encounters it, taking on subtle details and distinctive circumstances. The following three situations—written in the style of letters to an advice columnist—are offered to show how different expressions of grief can occur in the experiences of individuals and families. These are not actual situations, but reflect composites drawn from many conversations. Montgomery Hospice is vigilant in protecting the privacy of individuals and families.

**Dear Montgomery Hospice,**
My father died three months ago, after receiving wonderful care by Montgomery Hospice for nine months. I was able to provide good support for him in those final months and express my love to him many times. When he died it hit me hard. I got through the funeral service and the early days, but I felt like it was all so surreal, like I was just going through the motions without being fully myself. Well, things seemed to get a little better for a time, my appetite and sleep came back as I concentrated on work and my children. But lately, it feels like I am struggling more. Even though I try to stay upbeat, so many things can send me into an emotional meltdown—going through dad’s things, overhearing colleagues talk about their parents who are still alive, even seeing dad’s favorite baseball team on TV. I seem to be tired all the time, find it harder to stay focused at work and snap at my children more easily. It all makes me wonder—am I normal or am I doing something wrong? Shouldn’t my grief be better, if not finished, by now?
Signed, What’s Going On?

**Dear What’s Going On?**
Let me say first that what you are feeling is definitely normal, even if it is unpleasant at times. It sounds like you were in shock in the days right after the loss, and individuals often experience this as a protection against being too overwhelmed with the immediate weight of the change. Getting through this, however, does not mean the journey is over. There can be a lot of ups and downs in the first year of grief. It is not a straight line of continually getting better, because triggers and “meltdown” moments can plunge someone back into intense feelings. Be gentle with yourself in such times. Living with grief can take a lot of emotional energy, leaving you tired, fatigued and short with others. Self-care is important and essential. Find times for renewal and rest. To do this is not being selfish; it is taking care of yourself so that you can be there for the people you love in the long run. Although each person’s grief is different, things will not always be as intensely difficult as they are now.

It sounds like you had a wonderful relationship with your father. Your grief is not abnormal; it is the expression of your love for him.

**Dear Montgomery Hospice,**
My mother died last month, supported by hospice. I can’t seem to stop grieving, and I don’t understand it because I didn’t have much connection with my mother. She was afflicted with mental illness throughout her life. My early and teen years were awful as I had to “walk on eggshells” at home and never knew when my mother would lose control of her emotions and lash out.

“I left home after college and did not return. Throughout my adult life we have kept in touch but at a distance. My children rarely saw their grandmother, but came to understand that she had a behavioral illness that she was unable to manage. Fortunately, I’ve found others who provided love and care, so the distance between my mother and me didn’t bother me so much.

But now I am crying a lot, and I feel sad and empty even though we were distant for so long.

Why am I crying so much for a relationship that was not close?
Signed, Tracks of My Tears

**Dear Tracks,**
Sometimes we shed tears because a relationship was not close. We grieve for who a person was, but also for who we wished that person could have been.

Sometimes deep in our heart we hold the hope that loved ones will change and become who we need them to be. So when they die, we also mourn those hopes that will not come to be.

Many people have ambivalent feelings about a person who has died, which may complicate the grieving process. It is important to remember that there is no one way to respond to someone’s death. Every person is different, every relationship is unique, and every individual expresses grief in his or her own way.

cont. on p. 5
From Ann’s Office
Our Commitment to Grieving Families and Community Members

The mission of Montgomery Hospice is “to gentle the journey through serious illness and loss with skill and compassion.” Alongside our commitment to provide compassionate professional medical care for those nearing the end of their lives, we also deliver professional bereavement support to their families and friends. Knowing the impact that grief has on individuals—and on their workplaces, neighborhoods and faith communities—we welcome the opportunity to educate, comfort and encourage those who are grieving. Our bereavement team is the largest set of experts in the county and is made up of eight counselors, each of whom has a graduate degree. Each counselor brings proven experience and a strong working knowledge of the latest research in the field of bereavement counseling.

For the families of our patients, we provide support for 13 months after the death of their loved one. Our Montgomery Kids program, which cares for families with a child at the end of life, offers bereavement support for two years after the passing of the child. We send educational mailings, make timely phone calls, and have face-to-face sessions when helpful. We follow the lead of each individual, understanding that each person grieves in a unique way. We provide a non-judgmental listening ear, and a safe and confidential place to share feelings of loss. When appropriate, we offer suggestions about rituals, memory-making, and getting through the holidays. In order to be more effective in meeting individual needs, we send out a three-month questionnaire to grieving family members, asking them to review how they are coping, what supports they have, and what concerns we might help with. We also send our families a thirteen-month evaluation, which asks how they are doing in their grief journey after a year’s time. In the first six months of 2016, 94 percent of people who filled out this evaluation indicated a positive range of responses, from feeling “some relief” to “being at peace.”

Grief support and education is also provided free of charge to the entire Montgomery County community. We offer a variety of grief support groups for all ages and for those who have experienced different kinds of relationship losses. We hold grief and loss training for congregations, businesses, government and civic organizations on topics such as “Understanding Grief,” “How to Help a Grieving Friend,” and “Caring for the Caregiver.” We offer “grief in the workplace” sessions so that co-workers can remember and honor a colleague who has died. For those individuals who need more help, we offer referrals to other professionals and to many different community services and programs. And we provide education to area high school students, teaching them life-long lessons about dealing with a variety of life losses. In 2015, we helped more than 4,300 hospice family members and 1,500 community members. During the course of the year, we made more than 16,000 phone calls and visits, held 60 grief workshops and support groups, and provided grief-and-loss education to more than 3,300 high school students.

The Montgomery Hospice bereavement team also provides education to other professionals in the community, to members of the media, and to professional caregivers in nursing homes and other facilities. In addition, we host regular bereavement conferences for the professional community, bringing in national experts to share their knowledge and research on such topics as traumatic loss, compassion-based practices and meaning-making.

All the good work that we do as part of our bereavement program would not be possible without the generous contributions of our donors. So I would like to take a moment to acknowledge the importance of community donors. Your financial contributions allow us to continue our mission, and we are grateful for all of you who help us ease the burdens of our grieving neighbors and friends.

Ann Mitchell
President & CEO

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Grief is the normal, necessary and natural reaction to inevitable loss. Grief has too often been characterized as something wrong that needs to be fixed. But, indeed it is a necessary healing and adaptive process that makes us more fully human and allows us to transform our lives after a traumatic loss and discover and embrace a “new normal” for ourselves both as individuals as well as communities.

George Washington University School of Nursing
Dealing with Caregiver Guilt

We want to be there for our loved ones when they need our care. Moved by love or gratitude or a sense of indebtedness, we feel a powerful desire for their well-being. So we offer ourselves, give reassuring promises, and resolve to do whatever it takes to ensure that they are okay. Yet for many, providing supportive care brings a heavy weight of responsibilities, both foreseeable and unexpected. It can be hard balancing the particular needs of someone in our care with those of our own and of others around us. We can bump up against the limitations of time or money or energy, and in doing so, feel both frustrated and guilty. When we experience guilt as caregivers, several strategies can be helpful:

**Accept your limits.**
Remember that your ideal for the situation will not match the reality. We all carry images of what the best care would be for our loved one, but fantasies of “perfect” care can be released and replaced with realistic efforts at being “good enough.” After all, we are human beings, and most of the time people are doing about the best they can, given all the challenges they are facing.

**Acknowledge mixed feelings.**
The reality is that we always feel more than one thing about the people we love. A range of feelings accompanies any meaningful relationship we have. So if you are frustrated or even resentful of some of the things required of your situation, it does not mean you do not love and care about the person you are supporting. It’s also important to acknowledge the feelings you may have in relation to other family members. Disagreements over care decisions or feeling like you are carrying more of the burden than others can leave you frustrated and depleted. Finding a group or someone you can talk with about these feelings can be helpful.

**Recognize that decisions aren’t always between right and wrong options.**
Caregiving decisions can be some of the most complicated and agonizing ones we face. Unlike straightforward, clear-cut choices we make much of the time, decisions affecting the life of a loved one can be a demanding challenge. Trying to balance the many concerns between a loved one’s wishes, limitations and potential medical options can leave you feeling uncertain about what is best to do. We don’t have the ability to foresee which approach will bring the best result. When we are confronted with a needed decision about the person we are supporting, it is important to recognize that our choices are not necessarily between good and bad, or right and wrong, but about what is possible given the situation.

**Focus on what is important in the relationship.**
Sometimes as caregivers we may feel guilt over our inability to express to our loved ones what we value and cherish about them. Finding ways to say what is important can be a significant opportunity, as Ira Byock suggests, whether it is “I love you” or “I forgive you” or “Will you forgive me?” or “Thank you”. At other times, simply sharing good stories or funny moments or an affirming touch can communicate our profound care. Such moments of sharing will stay with us all of our lives and can make the difficult caregiving journey a cherished experience.

When considering the many difficulties of the caregiver role, one might think of Robert Frost’s poem, “The Armful,” about someone struggling to carry too many packages.

I crouch down to prevent them as they fall;  
Then sit down in the middle of them all.  
I had to drop the armful in the road  
And try to stack them in a better load.

Among the many things caregivers often carry, in addition to all the responsibilities, is a sense of guilt. We want to be there for our loved ones in whatever way they may need and feel badly when we can’t measure up to our ideal. And yet, we do not possess limitless time and energy and resources. Focusing too much on what we can’t do, we are tempted to miss the precious gift which our caregiving actually provides. So as you get the chance, take some time for yourself, let go of your armful if only for a few moments, and consider how to stack what you carry “in a better load.”
Should I Attend a Grief Support Group?

Joining a grief group can seem like a big step. Grief brings on a lot of intense feelings at times, and you may wonder if opening yourself up to those feelings and focusing on them is something you want or can manage. It may also seem risky to expose your vulnerable self to participants in a group, with all the different ways you may express your emotions and the various responses you may get from others. Such concerns are a normal part of the group experience. What we find, though, is that people are often grateful for a group, for the chance to share and feel they are not alone, for the moments of affirmation and insight, and for the safe environment provided by gentle counselors. The big step of trying out a group can be a rewarding and transformative one.

Like other grieving individuals, you may wonder if a group is for you. You will need to make the decision that seems best for yourself, but our counselors are also available to speak with you about this if it would help to clarify your thoughts. We often hear concerns such as the following, which people give as reasons for trying a group.

“I feel out of step with people around me.”

Each one of us grieves differently according to the unique circumstances around our relationship to a loved one. There can be difficult and awkward moments as we try to talk with friends, co-workers, or even family members about what we are feeling. We may get the sense that people around us have moved on to other things and do not want to hear what is still so real for us in our grief. It can leave us feeling isolated, out of step and in need of support.

“Is what I am feeling normal?”

Grief can be a lot of ups and downs as we experience periods of strong emotions. People find that they may have a “meltdown moment,” where they are flooded with feelings at an unexpected or embarrassing time. As griever, we may swing back and forth between being okay one minute and bursting into tears the next. We might feel empty and wonder why we are not crying like we think we should. A range of feelings and actions can leave us wondering if there is a normal grief and how we might compare ours with the grief of others.

“How do I cope with this?”

Because the emotions around grief can sometimes become intense and overwhelming, people can be uncertain about how they will manage them and get through it all. An enduring sense of sadness or feeling at a loss for the future can leave the grieving person wondering how to cope for the long term. Encouragement and insights for handling the challenges of grief seem needed.

Our bereavement counselors are glad to speak with you about your concerns and about the kinds of groups we offer. When you attend a group, you will find two of our counselors facilitating each session. Each counselor has a professional degree and seasoned experience in working with grief groups. We emphasize a safe, accepting environment where all thoughts and emotions are welcome. We offer a gentle approach where participants are invited to share the things they are comfortable sharing. We also offer an understanding perspective, which enables us to provide supportive words at different moments. But the most rewarding part of the group experience is what you will share and receive from the other participants. A kind of chemistry often happens among people in groups, which makes them both rewarding and invaluable. Not every grieving person will want to participate in a group, but for those who consider it, we invite you to think about your needs and the possibilities for yourself. Our groups provide a place of gentle support and healing along the way for those walking the grief journey.

“Words cannot describe how much I appreciate who you are and what you do. On some of my saddest days, I would come home and have a message on the phone with your comforting words and heartfelt sympathy for what I have had to go through the past year. No one will ever believe that caring words from complete strangers helped me to make it through a lot of difficult days since losing not only my father but also my mother three months before. I hope that many others have the privilege of experiencing your assistance at such a difficult period in anyone’s life.”

—Montgomery Hospice patient family member
Dear Montgomery Hospice,

My dear husband died six months ago after a long struggle with Alzheimer’s dementia, which took his memory, his self-awareness and his identity. When he died, I was exhausted from managing his care and felt relief to return to my full-time job. I did not shed many tears. Yes, I miss him, but not as he was during these last few years.

Last week, my 12-year-old dog died. She had been sick for a while. Since my dog’s death, I cry all the time. I have trouble concentrating at work and I feel like my heart is broken. I seem to be more upset by my dog’s death than by the death of my husband. Am I a bad person?

Signed, As Tears Go By

Dear Tears Go By,

Grief takes many forms and is expressed at different times in many ways. You are not a bad person at all; you sound thoughtful and devoted. Many people have great affection for their pets and mourn their loss.

You wonder why you didn’t cry more after your husband’s death. Sometimes, a family member learns to deal with loss during the illness itself, easing the pain of grief at the time of death. This is known as anticipatory grief.

Also, grief can be cumulative. Sometimes a current loss—no matter what it is—opens a door to past losses. You may be grieving for your husband as well. It can take a while for thoughts and feelings about a loss to eventually come out, often triggered by another loss.

It is important to recognize that after the death of a loved one, we may have many mixed feelings. Grief can exist side-by-side with relief that a loved one no longer suffers the pain or indignity of a long illness and is now at peace. Sometimes, even though we are sad, we find great comfort in knowing that a loved one is free from the burdens of illness. So our sadness does not emerge right away.

Remember, there is no one way to grieve. People express thoughts and feelings according to their own timetable. Talking to a counselor can help family members understand their particular needs and reactions. Montgomery Hospice offers grief support and opportunities to learn about healthy ways to move through a loss.

Dear Reader,

We wanted to present these diverse cases because every family situation is different. As families, we carry all the unique elements of our history, and the impact of our relationships may be intensified in responses to the end of a life. When dealing with the challenges of a loved one’s death, we can acknowledge our varied feelings, take care of ourselves, seek professional support if needed, and find the resources that will enable our grief journey to be manageable and meaningful. Montgomery Hospice Social Workers, Chaplains and Bereavement Counselors are here to help gentle the many end-of-life journeys.

Gary Fink, Senior Vice President of Counseling and Family Support
Kip Ingram, Director of Bereavement Care
Corporate Partners

Montgomery Hospice is grateful to our 2016 Corporate Partners. Donations through our Corporate Partnership program help to underwrite educational programs and other initiatives that inform county residents about our services.

Businesses and organizations interested in becoming a Montgomery Hospice Corporate Partner should contact:

Marlene Bradford, Vice President of Philanthropy
301 637 1874 mbradford@montgomeryhospice.org

Thank you to our 2016 Corporate Partners listed below.

Gold Partners

When the time comes for you to plan a funeral, it helps to work with someone you can trust to take care of what needs to be done—especially in the way you want to do it. That’s what we offer you, whether you’re planning ahead for your own funeral service or taking care of someone you love.

Hines-Rinaldi Funeral Home has been serving families in the Silver Spring area since 1873. You can find comfort in the knowledge that other families have embraced us, and our reputation for excellence in customer service, for generations.

We realize the importance of everyone’s personal wishes and traditions and will work with you to create the funeral experience you want for yourself or for your loved one. Our funeral directors are compassionate professionals who will listen to what you have to say and take pride in making sure each and every detail is handled with care for you and your family. Our newly renovated facility allows for our families to plan a perfectly tailored celebration of life for their loved ones.

Hines-Rinaldi Funeral Home has been a proud sponsor of Montgomery Hospice since 1999 and is honored to serve the residents of Montgomery County and the surrounding areas.

Silver Partners

Adventist HealthCare, the first and largest healthcare system in Montgomery County, Md., offers a full range of health and wellness services to the community, including acute hospital care, rehabilitation, mental and behavioral health services, home care, health education, a physician network, urgent care and wellness services for businesses. These include Adventist HealthCare Shady Grove Medical Center; Adventist HealthCare Washington Adventist Hospital; Adventist HealthCare Physical Health & Rehabilitation; Adventist HealthCare Behavioral Health & Wellness Services; Adventist HealthCare Home Care Services; Adventist HealthCare Center for Health Equity & Wellness; Adventist HealthCare Adventist Medical Group; Centra Care Adventist HealthCare Urgent Care and Adventist HealthCare LifeWork Strategies.

Diamond Partner

A testimonial from an adult daughter: “When I realized that dad was not going to recover, everything changed. I could not focus, walked around in a dream-like state of disbelief, trying to wrap my head around the impending loss, feeling like a 4-year-old who wanted her daddy instead of the almost 40-year-old I am. It was similarly hard for my step-mother, dad’s soulmate, to grasp the reality of the situation and make the practical decisions needed.

“Within ten minutes of calling Montgomery Hospice, they were at dad’s hospital room, helping us develop a plan to bring dad home. Because of his total care needs, they recommended we also go home with 24/7 private duty home care, to keep dad clean and comfortable so we could just ‘be’ with him.

“I called Family & Nursing Care that night, and was relieved to speak with an actual person who arranged for a caregiver to be at dad’s house. The caregiver, Maxwell, both anticipated needs and took direction, quietly and diligently doing his job—cleaning my dad’s mouth, turning him, bringing my step-mother tea. The night caregiver, Georgette, was equally amazing—providing a sense of calm and giving us and my father support the whole time.

“Dad passed away two days later with dignity and at peace. At a time when two usually sensible, practical and strong women completely lost those abilities, Montgomery Hospice and Family & Nursing Care came to us like a miracle, and gave us the peace of mind and incredible emotional and hands-on support we needed so that we could grieve instead of having to think. It was a priceless gift we will never forget.”

Sarah F, Kensington, MD
Based in Gaithersburg, Md., Adventist HealthCare is a faith-based, not-for-profit organization of dedicated professionals who work together each day to provide excellent wellness, disease management and healthcare services to the community. The mission of Adventist HealthCare is to demonstrate God’s care by improving the health of people and communities through a ministry of physical, mental and spiritual healing. Adventist HealthCare’s commitment to caring for the community began in 1907 and continues today with a full system of care that includes dietitians, therapists, nurses, behavioral health experts, health educators, physicians and support staff dedicated to keeping the community healthy and living well.

To learn more about Adventist HealthCare’s services, please visit www.adventisthealthcare.com

As the owner of one of four-hundred global franchises of Right at Home, Lewis Myers has a personal connection with the goals of hospice, and with providing the option for people to stay in their home at their end of life. His grandfather spent the last several weeks of his life with his medical team attempting to prolong his life. Although his grandfather told Lew, “I’ve had a good life. It’s time for me to go,” there was no hospice benefit available and home care had not yet reached his locale. Instead of honoring his grandfather’s wishes, the primary physician insisted on transferring his grandfather to a skilled nursing facility. He died a day later.

A vast majority of Americans report that they would like to die at home, and yet over three-quarters die in a hospital or a nursing home. Hospice allows people the choice of where they die, including in the comfort of their home. We at Right at Home believe strongly in this choice, and we want to help spread this message to the community. We support Montgomery Hospice in its commitment to this mission each and every day. Our RightCare philosophy—that we are the right people, doing the right things, the right way, for the right reason—makes us the perfect partners with Montgomery Hospice.

For Right at Home, becoming a corporate sponsor of Montgomery Hospice was an easy decision. Montgomery Hospice has a commitment to helping people through the dying process, providing for the physical, spiritual and emotional needs of patients and their families. As a home care and assistance company, Right at Home is proud to work with Montgomery Hospice as partners assisting and guiding people on their individual journeys. We are dedicated to ensuring that our team of caregivers is trained in the hospice philosophy, in order to provide all aspects of care needed when families are on this important journey.

For nearly 150 years, Sandy Spring Bank has been proud to serve families, businesses and communities across Maryland, Virginia and D.C. We offer a comprehensive set of sophisticated products and services—from growing local businesses and investing in commercial real estate, to helping first-time homebuyers, and delivering top-notch trust and wealth management services.

We strive to make our communities a better place to live, work and raise a family—both as a financial partner and through our community service. That’s why each year we lend our time, expertise and resources to more than 300 nonprofits across the region. From helping to feed our neighbors in need, to supporting various health and wellness initiatives, and providing financial literacy in area schools, we are committed to helping to build lasting, healthy communities. For more information please visit: www.sandyspringbank.com

We also want to thank:

Thanks to the corporate partners whose logos appear below. They were featured in the spring edition of this newsletter.
Supporting Montgomery Hospice
Through Workplace Giving Campaigns and Employer Matching Gifts

Montgomery Hospice is grateful for your contributions, which enable us to care for patients who are uninsured or under-insured, at Casey House or in their homes; offer grief support to anyone in the community who has experienced a loss; sustain the Montgomery Kids program; provide complementary therapies; and educate healthcare professionals and county residents about end-of-life care. Many Montgomery Hospice supporters choose to donate through payroll deduction. As a member of America's Charities - Community First of Greater Washington DC, we participate in the Combined Federal Campaign (#85936), the Maryland Charity Campaign, the Montgomery County Employee Giving Campaign and other public and private workplace giving programs. When your workplace campaign occurs, we encourage you to make a gift to Montgomery Hospice. It's easy to participate each pay period and is so helpful to our patients, their families and the community.

If your employer's giving campaign is conducted through a program of which Montgomery Hospice is not a member, please consider sending your gift directly to us or donating through our website (montgomeryhospice.org/donate). If you do wish to give through such a program, you usually can by following its instructions on how to donate to a non-member agency. You may need to write in our name and address, found on the back of this newsletter.

Matching Gifts
Whether you make a gift directly to Montgomery Hospice or through a workplace giving program, your employer may match your contribution, effectively doubling or tripling your gift! Ask your Human Resources department how to request a matching gift from your company.

Thank you in advance for your generous support!

Leave a Lasting Legacy by Making a Planned Gift

With thoughtful tax planning, a gift to Montgomery Hospice can also help you to achieve your financial goals. Using the correct giving instrument, you can make a gift and receive guaranteed income for life for you and your loved ones. Contact your tax or financial advisor for detailed information.

Charitable Bequest You may choose to name Montgomery Hospice as a beneficiary in your will or estate. Such a gift might include a percentage of your estate, a specific dollar amount or personal property such as real estate. When including Montgomery Hospice as a beneficiary in your will or estate, please identify our organization as: Montgomery Hospice, Inc., 1355 Piccard Drive, Suite 100, Rockville, MD 20850

Other planned giving methods include Real Estate Donations, IRA Donations, and Life Insurance Donations.

For more information on any of these planned giving methods, contact your tax advisor or estate lawyer. Montgomery Hospice is privileged to work with a counsel of experts including certified financial planners, tax and estate attorneys, accountants and investment advisors who are available to offer assistance or answer questions, free of charge.

Call Marlene Bradford, Vice President of Philanthropy, at 301 637 1874 for more information.
Circle of Light Society

The Circle of Light Society recognizes individuals and families who have included Montgomery Hospice in their estate plans through a bequest, trust, insurance policy or other estate planning vehicle. Individuals interested in joining the Circle of Light Society should contact Marlene Bradford, Vice President of Philanthropy, at 301 637 1874.

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Elizabeth K. Weisburger
Annette Wolf
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Montgomery Hospice also received a donation from the following estates:

Clyde W. Kuester Estate
Bernard Meyer Estate
John Sherman Estate

Community Partners

We are grateful to our Community Partners who have supported Montgomery Hospice with a gift of $250 or more between February 1, 2016 and August 31, 2016.

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Montgomery County Executive Community Collaboration Grant

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Montgomery Hospice also received a donation from the following estates:

Bernard Meyer Estate
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Between February 1, 2016 and August 31, 2016, Montefiore Hospice received contributions in memory of or in honor of the following individuals. We are grateful for these gifts.

In Memory of:

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Agnes R. Abrams
Johnny Acevedo
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Della E. Akerovic
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Ada and Giulio Colferai
Floyd J. Collins
Dr. Maurice Joseph Conley, III
Ralph S. Connelly
Gerald Thomas Conroy, Sr.
Ann R. Cooper
Sydney T. Cornwall
William J. Dunn
Olga L. Cotton
Alvin H. Craig
Camilla Louise Crooks
Linda Ann Crosslin
Richard J. Crown
Bertha K. Culthill
Bruce T. Cunningham
John Curry
Patricia L. Cutlip
Nancy Dacek
James Edward Danieil
Lilah A. D’Angelo
Carol Davis
Carolyn Francis Dean
Alfred J. Bernard
Jeanne deForntoueneulle
Raffaella Deleva
Elizabeth ‘Lil Louis’ Dent
Patricia D. Deeter
Edna May Regan Devlin
Stuart Dic Armand
Dolores G. ‘Dee’ Dick
Sara Dick
Charles and Thomas Diemes
Dorothy B. Dieterich
Gabrielle DiFrango
Dorothy L. Dines
George D. Dines, Sr.
John A. Division
Letticia S. Paz
Dickinson
Kristyna Doolinin
Betty Ann Doolittle
Carole S. Douglass
Gertrude A. Draiman
Kathleen Drake
Rosanne ‘K.D.’ Drapkin
Robert Jay Dreispoon
Naomi Drew
Rita B. Drew
Inger Duberman
Stephen C. Duffy
John A. Dugger
Gladys M. Dukehart
Ruth G. Dunbabin
Lousie M. Dunn
William J. Dunham
William G. Durham
Barbara Duvall
Edward M. Dyer
Robert A. Eaton
Janean Vergil Eisdol
Dyan S. Elovich
Dorothy Engel
William Thomas Camut
Rose Cantor
Warren E. Carlson
Carolyn R. Carron
Helen Elizabeth Carter
Mildred Carter
Susan Elizabeth Bunch Cary
Donald W. Casey
Dr. Eduardo J. Cavalcanti
Kevin A. Davis
Paul Shih-Tsen Cheng
Yan Ming Chu
John M. Dark
Elise ‘Scooter’ Clarke
Helen Janice Clayton
Richard C. Clough
Gladys Coates
Carolyn J. Cobb
Ada and Giulio Colferai
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William J. Dunham
William G. Durham
Barbara Duvall
Edward M. Dyer
Robert A. Eaton
Janean Vergil Eisdol
Dyan S. Elovich
Please accept our apologies if we have omitted any names from these lists.

In Honor of:

Sarah Adams
Sophiya Z. Alper
Nancy J. Altman
Estelle Balfour
Florence Banks
Panayiotis Barberoglou
Bahram Beiramee
Edward S. Blotner
Sallie N. Blumberg
Monalis Lam Bradford
Patti and Larry Campagna
Gary Chandler
Yolanda D. Dawson
Alfred J. DeBernardis
Rosabelle ‘Ro’ Drapkin
Gerri Cassandra Durham
Hugette Faye
Gary Fink
David Fox
Friends
Margaret R. Gearin
Rani George
Glens Garden Club’s 50th Anniversary
Gail Goldfarb
Nathan Greemblatt
Mary E. Hamlett
Kay L. Hartzell
Gladys S. Kibliski
Harry J. Heidt
Lucy Maclay Koser
Celia Kramer
Debra M. Kull
Wa Wa Kyaw
Arthur Leibman
Grand Master Sheng-yen Lu
Janice E. Luber
Frances ‘Betsy’ E. MacKenzie
Lisa McCillope
Betsy Monahan
Montgomery Hospice Silver Team
The entire Montgomery Hospice staff
Alfred H. Monticelli

11
Bereavement Care: free grief education for Montgomery County residents

Winter Blues Workshop December 1, 6:30-8:00 pm, 1355 Piccard Drive, Rockville
Discussion about Grief and Healing December 7, 6:30-8:00 pm, 1355 Piccard Drive, Rockville
Winter Blues Workshop December 12, 1:00-2:30 pm, 1355 Piccard Drive, Rockville
Discussion about Grief and Healing January 5, 2017 1:00-2:30 pm, 1355 Piccard Drive, Rockville
Afternoon Grief Support Group January 17, 2017, each Tuesday, 1:30-3:00 pm for six weeks, Rockville
Loss of a Child Support Group January 18, 2017, each Wednesday, 6:30-8:00 pm for six weeks, Rockville
Parent Loss Support Group January 18, 2017, each Wednesday, 6:30-8:00 pm for six weeks, Silver Spring
Evening Grief Support Group January 23, 2017, each Monday 6:30-8:00 pm for six weeks, Silver Spring

Volunteer Training

March 10, 17 and 24 (2017), 9:00 am to 4:00 pm Rockville. Apply online.

Honor and Remember People

Tree of Lights, Brookside Gardens, Wheaton, Monday, November 21.