



We help with your garden while you work on healing

Since 2009, Helping Hands in the Garden has been dedicated to helping people with cancer by caring for their gardens, free of charge, while they undergo treatment for cancer. Developed by a survivor who knows the many therapeutic benefits of gardening, this program was created with love and care of the community in mind.

Gardening is an activity that supports our physical, mental and emotional selves. Being surrounded by plants and connected with the Earth is a path to better health. Let us take care of your gardens while you devote your time to healing. We welcome your participation to the extent that you are able: from helping to simply sitting and watching.

Garden services

Helping Hands in the Garden will provide a three (3) hour visit to those who live in the central Ohio area. For additional information visit: www.HHintheGarden.org

Examples of services:

- Light pruning
- Mulching as needed
- Deadheading
- Container gardening
- Weeding
- Vegetable gardening

The services are free of charge.

Need help

To get started, we will require the following:

- A 'proof of treatment' statement from your physician;
- A waiver signed by you declaring an understanding of our services.
- Confirmation of patient's primary residence location

While you may not need this service, perhaps you know of someone who does. Please feel free to contact us if you would like to recommend that special someone.



Helping Hands in the Garden

assisting cancer patients with their gardens

I need assistance in the garden:

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____
 (PLEASE CHECK ONE) ☐ HOME ☐ CELL ☐ WORK
 EMAIL _____

I know someone in need of assistance in the garden:

MY NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____
 (PLEASE CHECK ONE) ☐ HOME ☐ CELL ☐ WORK
 EMAIL _____

Mail this form to:

Helping Hands in the Garden
 PO Box 360573, Columbus OH 43236-0573

YES! I want to help with a donation. Enclosed is my gift in the amount of:

☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ Other

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____

MY GIFT IS IN MEMORY OF: _____

MY GIFT IS IN HONOR OF: _____

Please send acknowledgement of this gift to:

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____

Make gift donations payable to:

Helping Hands in the Garden

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