HISTORY OF THE HOSPITAL AUXILLIARY

The first officers of the St. Joseph Hospital Auxiliary met in November 1969 and they organized a membership meeting held two months later. Those first members, 33 women and three men, started serving within weeks, distributing mail, staffing the front desk, and organizing events to support hospital programs. The group changed its name to Hospital Partners in 2010. Over the years, St. Joseph's Hospital Partners raised over $1.5 million, including $200,000 to renovate the emergency room, $100,000 to update the mammography program, $50,000 to renovate the Birth Center, and $67,000 for a new L.E. Phillips Treatment Center van.

THE TRADITION OF LOVE LIGHTS

The inaugural lighting ceremony (held December 7, 1988) featured a Christmas prayer and caroling by the Chi-Hi Madrigal Singers. Almost 500 lights were dedicated the first year, 329 in memory of departed friends and family, and 163 in honor of living individuals and families. The tradition would stretch 35 years in total, with the hospital's last set being lighted in 2023, before the closing of St. Joseph's Hospital in April 2024.

The Chippewa Area History Center is honored to carry on this tradition with the Legacy Lights program.

TO PARTICIPATE

Please complete the enclosed form and a check payable to the Chippewa Area History Center.

Return to: **Chippewa Area History Center**
12 Bridgewater Ave, Chippewa Falls, WI 54729

For more information about Legacy Lights, call the History Center at **(715) 723-4399**.

Chippewa Area History Center
12 Bridgewater Ave.
Chippewa Falls, WI 54729

LET YOUR LEGACY LIGHTS SHINE THROUGHOUT THE HOLIDAY SEASON

Chippewa Area History Center volunteers invite you to the

Legacy Lights Ceremony

5:30 pm, Thursday, November 20, 2025
on the grounds of the Chippewa Area History Center,
12 Bridgewater Ave., Chippewa Falls.

White lights are in memory of the departed.

Red or Green lights honor the living.

Gold lights honor military-service members, living or departed.

COST:

A $10 donation per name is appreciated. Proceeds support preserving history at the Chippewa Area History Center, including the 1885 to 2024 history of St. Joseph's Hospital.

PUBLICATION:

Purchase your lights before **November 1st** and have the names of those you honor listed and displayed at the Chippewa Area History Center.
Lights may be purchased until Christmas.

LEGACY LIGHT MESSAGE CARDS:

If you wish, cards can be sent to the person being honored with a light, or to the family of a departed person. Please indicate this on the form, or you may pick up a card at the Chippewa Area History Center for you to send personally. These cards let people know you are thinking of them in a memorable way.

EVENT:

Ceremony and lighting **Thursday, November 20, 5:30 PM**, at the History Center. Light refreshments.

YOUR CONTACT INFORMATION

Please print for accuracy.

Your Name_____

Address_____

_____

Phone _____

Email _____

☐ OK ☐ Not OK to publish my name

REQUESTED LEGACY LIGHTS

Please print for accuracy.

Dedicate as many lights as you wish.
Use additional forms as needed to list all lights requested and all message-card information.

In Memory (name of departed person)	send card?
1. _____	☐
2. _____	☐
3. _____	☐
4. _____	☐

In Honor (name of living person)	send card?
1. _____	☐
2. _____	☐

In Honor (military - living or departed)	send card?
1. _____	☐
2. _____	☐

Form and check to **Chippewa Area History Center**
12 Bridgewater Ave, Chippewa Falls, WI 54729

MESSAGE CARD INFORMATION

Clearly print the names and addresses of people you want to receive message card(s) about your gift of a Legacy Light.

☐ In Memory of (list name of departed person)

_____

☐ In Honor of (list name of living person)

_____

Please send the message card to
Name _____
Address _____

_____

Please sign card as (your name, family name, etc.)

_____

☐ In Memory of (list name of departed person)

_____

☐ In Honor of (list name of living person)

_____

Please send the message card to
Name _____
Address _____

_____

Please sign card as (your name, family name, etc.)

_____

☐ In Memory of (list name of departed person)

_____

☐ In Honor of (list name of living person)

_____

Please send the message card to
Name _____
Address _____

_____

Please sign card as (your name, family name, etc.)

_____