

# Grateful

## Patient Program

I am making this gift in honor of:

\_\_\_\_\_  
Caregivers Name

\_\_\_\_\_  
Unit

Expression of Thanks:

Tell us why you are honoring this caregiver.

\_\_\_\_\_  
\_\_\_\_\_  
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[www.summithealthcarefoundation.planmylegacy.org](http://www.summithealthcarefoundation.planmylegacy.org)

The volunteers of Summit Healthcare's Foundation encourage public interest and support of Summit Healthcare Regional Medical Center. Their efforts help to fund renovation, expansion and equipment, encourage the development of programs and services and safeguard the ability of Summit Healthcare to care for the healthcare needs of our communities.

*Thank you* for taking the time to pay tribute to a caregiver who has enriched your life, while also helping to provide essential resources for a healthier tomorrow.

If you do not wish to receive materials from Summit Healthcare Foundation, please leave a message at 928.537.6329 so that we may remove your name from future mailings.



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## Patient Program





*If you or a loved one has ever been a patient at Summit Healthcare, you may have encountered a doctor, nurse, technician or volunteer who brought you comfort and reassurance in a time of need.*

Many patients express their gratitude for their care through their kind words, smiles and letters of thanks. Hearing the words “thank you” from a patient is more meaningful to a caregiver than any other type of award or accolade they could ever receive.

Summit Healthcare’s Grateful Patient Program now provides patients with another way to say “thank you” to a caregiver who may have made a difference in their lives.

By honoring a caregiver who went the extra mile to care for you or a loved one, you will be making a tangible and meaningful impact on our ability to care for patients twenty-four hours a day, 365 days a year.

Gifts received through the Grateful Patient Program pay tribute to a caregiver who has enriched your life while also helping to provide essential resources for a healthier tomorrow - for you, your family and for our communities.

When a gift is made, the person who you are honoring will be sent an acknowledgment letter. Your message of appreciation will also be shared with your honoree’s supervisor, his or her professional colleagues and with the community through the annual Donor Newsletter. The gift amount will be kept confidential.

Please return the enclosed form to Summit Healthcare’s Foundation office in the self addressed stamped envelope or make a secure gift online at [www.summithealthcare.net/gratefulpatient](http://www.summithealthcare.net/gratefulpatient).

For assistance, please call Summit Healthcare’s Foundation office at 928.537.6829.

## Gifts of Gratitude:

Expressions of thanks may be written on the reverse side of this form.

Name

Address

City

State

Zip

Email

Phone Number

**Please use my gift to support ONE of the following:**

- ☐ Areas of Greatest Need
- ☐ Cardiology Programs
- ☐ Women & Infant Services
- ☐ Cancer Center
- ☐ Educational Opportunities for Healthcare Providers
- ☐ Emergency Services
- ☐ Telemedicine

I would like to make a gift of \$\_\_\_\_\_

☐ Check Enclosed (Make payable to Summit Healthcare Foundation)

**Please charge the gift to my credit card:**

- ☐ Master Card
- ☐ Visa
- ☐ American Express
- ☐ Discover

Account No.

Expiration Date

Name on Card (please print name)

Signature