

I would like to recognize:

Name

Unit

This caregiver deserves recognition because:

Please keep my gift anonymous

Designation Options Please use this gift for:

- Regional Cancer Center
- Cardiac Programs
- Dental Care for Uninsured Children
- Peace Meal
- Home Health
- Hospice
- Other _____

If no designation is selected, your gift will be used where it is most needed at Sarah Bush Lincoln.

We are honored that you have chosen to donate to the SBL Health Foundation through our Grateful Patient Program. We will recognize our donors in various ways throughout the year.

Thank you for your gift!

The Sarah Bush Lincoln Health Foundation raises philanthropic funds to support the mission and vision of Sarah Bush Lincoln.

Since the inception of Sarah Bush Lincoln, philanthropy has played a major role in helping to fund new facilities, equipment, nursing education and programs and services to the community, including financial assistance to those who can't afford to pay for quality healthcare.

If you'd like to stop receiving information from Sarah Bush Lincoln Health Foundation, we will accommodate that request immediately. Please contact the Foundation office at (217) 258-2511 or send your request in writing to:

 Sarah Bush
Lincoln
Health Foundation

1000 Health Center Drive
Mattoon, IL 61938
(217) 258- or 348-2511

www.sarahbush.org

 Sarah Bush
Lincoln
Health Foundation



Grateful
Patient
Program

Grateful Patients

We are often asked by our patients,

“How can I say ‘Thank You’ to my doctor, nurse or other caregiver at Sarah Bush Lincoln?”

The Sarah Bush Lincoln Health Foundation offers the Grateful Patient Program as a way for you to do just that.

The Grateful Patient Program provides you and your family with an opportunity to show gratitude to the doctor, nurse or other caregiver who played a special role in your care while you were in the hospital or at a physician appointment. We invite you to recognize that individual by making a monetary contribution in his or her name.

Maybe it was exceptional friendliness, compassionate care or even a warm blanket that brought comfort to you or your loved one. It could have been a lifesaving procedure or a visit from a volunteer during your stay.

You may say **“Thank You”** by making a gift to recognize someone who made a difference to you.

Your gift helps to support the mission of Sarah Bush Lincoln, our programs and services, and helps us maintain a modern facility that offers excellent patient care.

Grateful Caregivers

Our staff members are committed to providing excellent service to all, and we appreciate that you choose to receive your care at Sarah Bush Lincoln. It is our privilege to serve you.

Showing your gratitude is as simple as completing the attached form and mailing it along with your donation to:

**SBL Health Foundation
Grateful Patient Program
1000 Health Center Drive
Mattoon, IL 61938**

When a gift is made, the person whom you are recognizing will receive an acknowledgement letter along with your personalized note, if you choose to include one. The caregiver you recognize will also receive additional recognition throughout the organization.

All gifts are tax-deductible.



Yes, I would like to participate

Name Mr./Mrs./Ms.

Address

City

State

Zip

Email

Phone

I would like to make a gift of \$ _____

- Check/Cash
- Mastercard
- Discover
- Visa

Card Number

Security Code # - appears on back of card

Expiration Date

Signature