

GRATEFUL PATIENT PROGRAM

Donating Information

Amount: \$ _____

Additional Information

Anonymous:

I prefer to make this donation anonymously

Billing Information:

Name: _____

Country: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Cash, Cheques, Debit, & Credit Cards Are Accepted

GRATEFUL PATIENT PROGRAM

Who Are You Thanking?

First Name: _____

Last Name: _____

Department/Title: _____

Message to be included with the card:



Hornepayne Community Hospital



GRATEFUL PATIENT PROGRAM





THE PROGRAM

The program gives patients and their families a thoughtful way to recognize and say thank you to their physicians, nurses or any member of their health care team. The benefits of this program is that patients are able to thank the healthcare professional, staff member or volunteer while helping HCH purchase the tools for them to keep providing excellent care.



WHO MADE A DIFFERENCE IN



YOUR LIFE TODAY?

HOW WE WILL SAY THANKS

Let us send a card to notify them of the gift you made!
With your support and generosity, our community will continue to have access to excellent healthcare.
Your donation will go towards the purchase of medical equipment for use in our community's Hospital!
Thank you!



If you have any questions regarding your gift, please contact us; 807-868-2442 EXT 133



*Hornepayne Community Hospital
Grateful Patient Program*