

Grateful Patient, Family and Friends Program



Gifts of all amounts are greatly appreciated. If you have any questions or would like more information, please contact the Proctor Health Care Foundation at 309-693-0414 or foundation@proctor.org

Thank you for your support!



5409 N. Knoxville Avenue / Peoria, IL 61614 / 309-693-0414
www.proctor.org

This gift is made in honor of _____

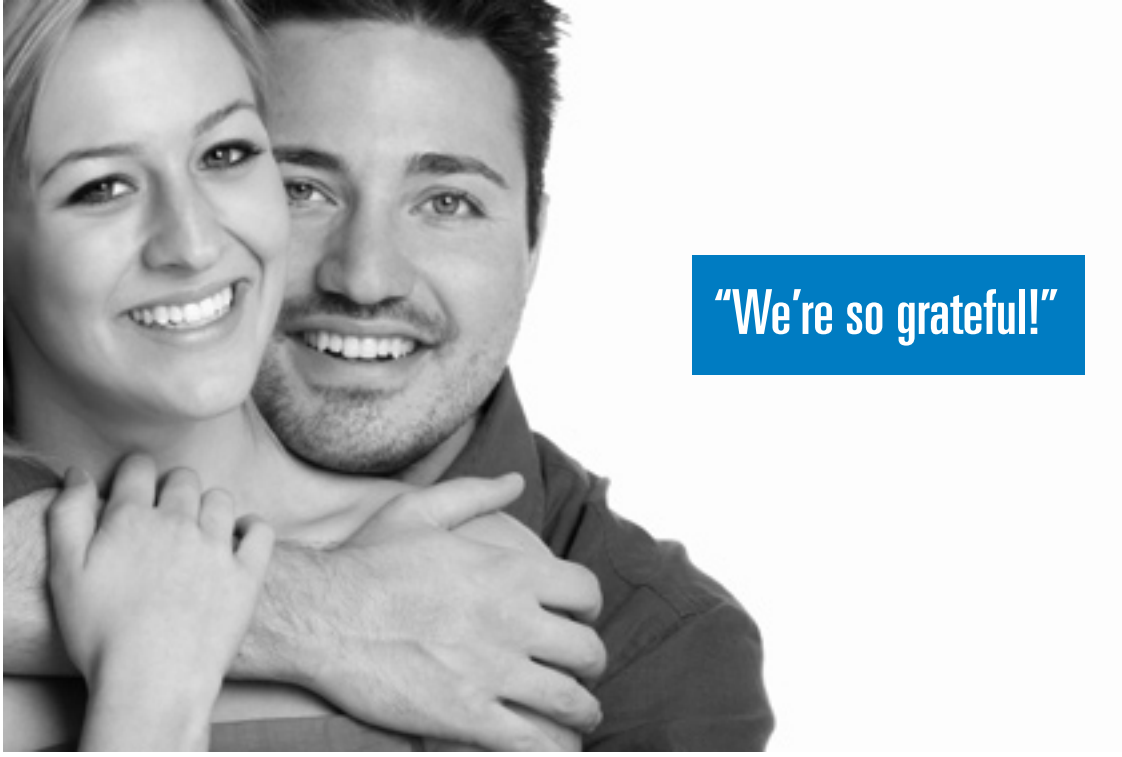
Please provide name(s) or department(s) of those you wish to recognize.

Please use this gift where the need is greatest.

Please contact me to discuss how I would like my gift to be used.

Please send me information on how I can include the Proctor Health Care Foundation in my estate plans.





"We're so grateful!"

At Proctor Hospital it is our duty and privilege to provide unmatched healthcare experiences...every day.

Our patients deserve no less!

Our patients, families and friends often wish to express gratitude for the excellent and compassionate care received at Proctor Hospital. The **Grateful Patient, Family and Friends Program** provides an opportunity to say "thank you" in a special way to the doctors, nurses or staff members who make a meaningful difference in the delivery of health care services.

A gift to the Proctor Health Care Foundation is a means of expressing thanks to our professional health care team in recognition of their excellent care. This special gesture of appreciation and gratitude also assists Proctor in continuing its mission of providing unmatched healthcare experiences...every day.

Who made a difference for you or a loved one at Proctor Hospital?

- An extraordinary nurse
- A superior caregiver or technician
- An attentive dietitian
- A cheerful housekeeper
- An outstanding physician
- A caring volunteer or chaplain
- A supportive team

The Grateful Patient, Family and Friends Program enables individuals to answer the question: "How can I express my gratitude for your exemplary care?" It's very simple.

To honor an individual caregiver or an entire department, simply complete the attached card and return it to the Proctor Health Care Foundation. Those who you recognize for outstanding care will receive an acknowledgement letter informing them that a gift has been made in their honor. They will also receive a customized lapel pin to wear proudly throughout the Hospital.

Yes... I would like to say thank you!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

\$1,000 \$500 \$250 \$100 \$50 Other gift: \$ _____

(Please make your tax-deductible gift payable to the Proctor Health Care Foundation)

Credit card: MasterCard Visa Discover

Credit Card Number _____ Expiration: _____ 3-digit security code (last three numbers on back of card) _____

Name on card: _____ Signature: _____