

# GUARDIAN ANGEL

## *Who Has Touched Your Life Today?*

If you know a Phelps Health employee or volunteer who made a difference in the experience you or your loved one had at Phelps Health, recognize them by completing and returning this card to the Phelps Health Foundation.

Name of your Guardian Angel:

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Please let us know why your Guardian Angel is special to you:

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*May we contact you to learn more about your story?* **Yes or No**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



**Phelps Health**<sup>®</sup>  
FOUNDATION

1000 WEST 10TH STREET | PO BOX 261 | ROLLA, MO 65402

(573) 458-7143 | [PHELPSHEALTHFOUNDATION.ORG](http://PHELPSHEALTHFOUNDATION.ORG)

## *The Gift of Thank You*

The Guardian Angel Recognition Program provides an opportunity for patients or their loved ones to recognize and express gratitude to a special caregiver or volunteer who made a difference during their experience at Phelps Health. A donation on behalf of a caregiver or volunteer will honor someone who has touched a life in an extraordinary way.

We thank you in advance for your continued generosity and support.

*-The Board and Staff of the  
Phelps Health Foundation*

### **Cash/Check**

*(Payable to Phelps Health Foundation)*

Enclosed is my gift of:

\$25     \$50     \$100     Other: \_\_\_\_\_

### **Credit Card**

Visa                       Mastercard                       Discover                       AmEx

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

*Your gift is tax deductible to the extent allowed by law.*

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### **Donate Online**

*phelpshealthfoundation.org*