



# Guardian Angel Recognition Program THE GIFT OF THANK YOU



Please mail to: PO Box 261, Rolla, MO 65402

For questions, contact: (573) 458-7143 or foundation@phelpshealth.org

Donate online: http://bit.ly/guardianangelprogram

## OUR MISSION:

Phelps Health Foundation exists to support the Phelps Health mission to improve the health and wellness of people in our region.

#### **RECOGNIZE YOUR GUARDIAN ANGEL**

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 CELEBRATE THE CAREGIVER OR VOLUNTEER BY:

- \* Presenting a certificate without specifying the amount of your donation
- \* Presenting the caregiver or volunteer with a custom-crafted lapel pin
- \* Recognizing the caregiver or volunteer amongst his or her peers

### WHO HAS TOUCHED YOUR LIFE TODAY?

Is there a physician, nurse, other staff member or volunteer that made a difference in the experience you or your loved one had while at Phelps Health? If you know someone who cares without limits and gives without reservation, complete and return this brochure to Phelps Health Foundation.

#### Please print the name of your Guardian Angel:

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

Yes, I v Angel!		nake a gift	and th	ank my Guarc	liar
Enclos	ed, pleas	se find my	/ donat	ion of:	
\$25	\$50	\$100	Other		
Conta	ct Inform	ation (ple	ease pri	int):	
Name	:				
Addre	ss:				
City: _		State:		Zip:	
Teleph	ione:				
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Expira	tion:				
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Signat	ure:				

## "THANK YOU, FOR YOU SAVED MY LIFE. YOU ARE A WONDERFUL DOCTOR WITH A GOOD SPIRIT." GUARDIAN ANGEL DONOR