

**I'M GRATEFUL FOR
THE CARE PROVIDED AT
BUTLER HEALTH SYSTEM**

Enclosed is my gift of:

- \$25 \$50 \$100 Other _____
- Please keep my gift anonymous

Designation Options*:

- Greatest Needs**
Please direct my gift where it's needed most
 - Palliative Care**
Provides care to patients and families who have been diagnosed with a serious illness
 - Women's Services**
Supports programs and equipment for women's services
 - Caring Angel**
Provides charitable medical care to children under the age of 17 through the Emergency Department and also supports BHS Family Services' programs for families
 - Heart Center**
Supports BHS Heart Center programs, services and equipment
 - Other** _____
- * If no designation is selected, your gift will be used where it is most needed.
- Check Enclosed (make payable to BHS Foundation)
 - American Express MasterCard
 - Visa Discover

Credit Card Number

Expiration Date

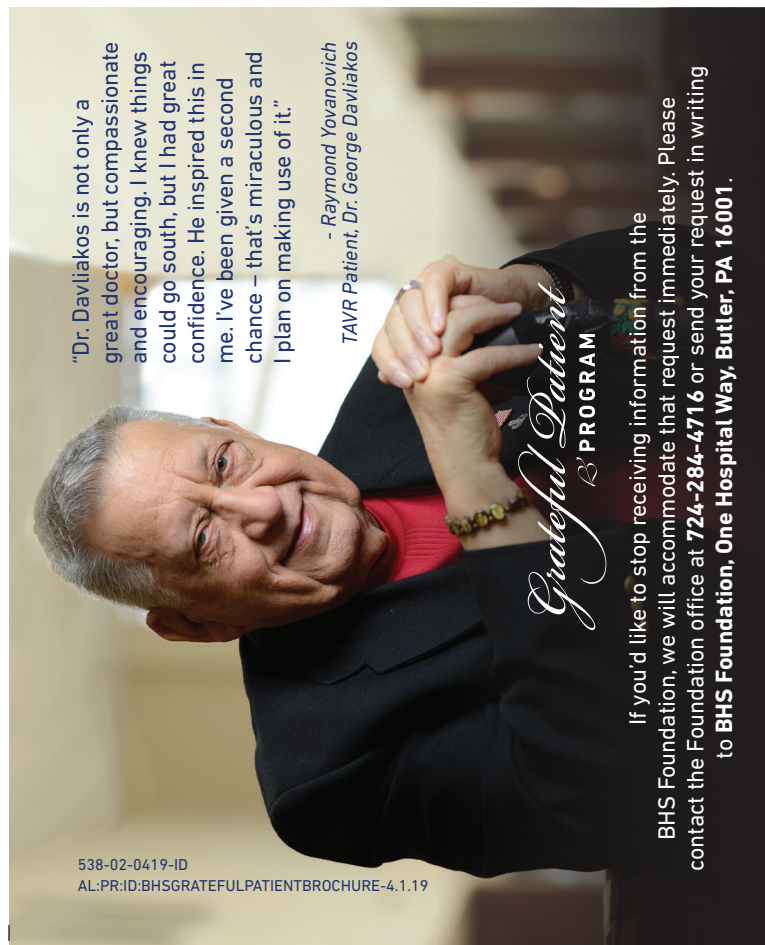
Security Number

Name on Card

Signature

Donate online at BHS-Foundation.org

Butler Memorial Hospital
One Hospital Way | Butler, PA 16001



"Dr. Davliakos is not only a great doctor, but compassionate and encouraging. I knew things could go south, but I had great confidence. He inspired this in me. I've been given a second chance – that's miraculous and I plan on making use of it."

– Raymond Yovanovich
TAVR Patient, Dr. George Davliakos

If you'd like to stop receiving information from the BHS Foundation, we will accommodate that request immediately. Please contact the Foundation office at 724-284-4716 or send your request in writing to BHS Foundation, One Hospital Way, Butler, PA 16001.

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BHS FOUNDATION

Grateful Patient
PROGRAM



**How can I say
"thank you" to my caregiver
at Butler Health System?**

There are dozens of ways that members of the Butler Health System health care team make a positive difference in the lives of our patients. The BHS Foundation's Grateful Patient Program provides an opportunity to share your story.

BHS-Foundation.org

How can I say "thank you" to my caregiver at Butler Health System?

The BHS Foundation's Grateful Patient Program offers a way for you to do just that. Your generosity will benefit others in need by helping enhance the healing experience of future patients.

On a daily basis, we receive praise from our patients about the caregivers at Butler Health System who have touched their lives. It may be a special doctor or nurse, a volunteer, an entire department or even one of our clinical programs that impacted your health or that of a loved one. As a recent recipient of our services, we invite you to share your story with us.

The Grateful Patient Program allows you and/or your family to formally recognize the exceptional care received at BHS and to show gratitude to a caregiver who played a special role in your health care. If you've been touched by the BHS health care team, we invite you to recognize the individual(s) with an honorary donation in his or her name. Your gift helps support the mission of Butler Health System by introducing innovative medical advances, purchasing new technologies and maintaining a modern facility that offers exceptional patient care, close to home.



"I am a firm believer that, when you are in your scariest moments in life and people are there to help you get through those times, they deserve to be recognized and commended."

— Janine Parks, Johnstown, PA

Making Your Gift Personal

The BHS Foundation's Grateful Patient Program is personal and flexible. You can designate a gift of any size to a specific area, or allow us to direct the funds where they are needed most. You may also choose to make a cash donation or contribute through other charitable means such as gifts of stock or real estate, endowment funds or planned giving.

As part of the Grateful Patient Program, your donation may acknowledge any caregiver at Butler Health System, or you may wish to give in honor or memory of a loved one.

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

**BHS Foundation
Grateful Patient Program
One Hospital Way
Butler, PA 16001**

You may also complete the form and make your donation online at BHSFoundation.org.

Sharing Your Story

Even if you are unable to give at this time, you may use the attached space to send a note about your experience at Butler Health System. Your story will mean a great deal to our caregivers.

YES! I would like to share my story.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____

EMAIL _____

Sharing Your Story

I give my permission to share my story in various hospital publications.

I would like to recognize the following individual(s)/ department(s). *When a gift is made, the individual(s)/ department(s) whom you are recognizing will be notified and will receive additional recognition throughout the organization.*

tear here ✂

See reverse side for gift form →