

# Grateful Patient Program

- Check enclosed
- Please charge to my credit card
- MasterCard    Visa
- Discover    American Express

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

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card (Print) \_\_\_\_\_

Signature \_\_\_\_\_

The Baptist Health Care Foundation is a 501 (c)(3), not-for-profit organization. All donations are tax-deductible.

### Grateful Patient Program

I am making this gift in honor of:

\_\_\_\_\_  
Caregiver's Name \_\_\_\_\_

\_\_\_\_\_  
Unit/Department \_\_\_\_\_

### Expression of Thanks:

Tell us why you're honoring this caregiver or department team:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Sharing Your Gratitude

Thank you for taking the time to pay tribute to a caregiver or department team who has enriched your life and brought comfort. Your gift will help to provide essential resources for Baptist Health Care to ensure a healthier tomorrow.



P.O. Box 17500  
Pensacola, FL 32522  
850.908.7906

[baptisthealthcarefoundation.org](http://baptisthealthcarefoundation.org)

# An Expression of Thanks



A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. CH606



# gratitude:

a meaningful way to say “thank you”  
to those who cared for you and your family

Your care is top priority for each and every member of the Baptist Health Care team. Any recognition we receive from our patients is meaningful acknowledgment that we are achieving our mission. If you feel compelled to express appreciation to the physicians, nurses, chaplains, therapists, techs and others who were there when you needed them, please consider making a donation in their name to our Grateful Patient Program.

The Baptist Health Care Foundation’s Grateful Patient Program provides patients and their families with another way to say “thank you” to a caregiver who has made a difference in their lives. Your donation will go directly to the BHC Foundation to provide a meaningful and tangible impact on our ability to care for our patients.

When you honor a Baptist Health Care team member or department, they are recognized at a team member ceremony and your message of appreciation also will be shared with the honoree’s supervisor. Any gift amount will be kept confidential.

“Receiving recognition from  
a patient and their family for the  
care I provided made my day!”

— Baptist Team Member

Please return the attached form to the Baptist Health Care Foundation, P.O. Box 17500, Pensacola, FL 32522, or make a secure gift online at [baptisthealthcarefoundation.org](http://baptisthealthcarefoundation.org).

If you have any questions, please do not hesitate to contact the Baptist Health Care Foundation at **850.908.7906**.



## Expression of Thanks

Expressions of thanks may be written on  
the reverse side of this form.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Please use my gift to support ONE  
of the following:

- Area of Greatest Need
- Cancer Care
- Heart & Vascular Care
- Women’s & Children’s Care
- Behavioral Health
- Mother Baby
- Other \_\_\_\_\_

I would like to make a gift of \$ \_\_\_\_\_



**A Gift of Gratitude**