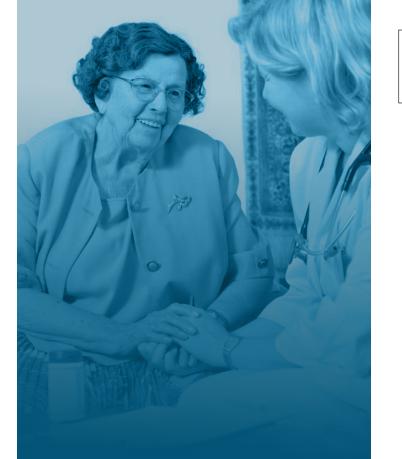
AM A GRATEFUL PATIENT.





Inspired?

Sometimes it just comes down to a certain someone who makes your visit a little bit brighter.



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A Caring Heart

Sometimes it just comes down to a certain someone who makes your time spent at the Mohawk Valley Health System (MVHS) a little bit brighter. Someone who really is interested in how you are doing. Someone who listens to you. Someone you learn to trust. Someone you depend on to help you while you are in the hospital. It's truly the people who make a difference at MVHS.

Perhaps during your visit you encountered someone who made your experience special. If so, please take a moment to let him or her know.

A Gift of Thanks

Make a donation in honor of a MVHS physician, nurse or staff member who made a difference to you and share your story.

Caregivers honored as a Caring Heart will receive a letter informing them of your thoughtful gift.

Helping Us Help Others

The greatest benefit of supporting MVHS is the knowledge that you are making a difference in the lives of others. Your gift enables us to provide for excellence in our communities.

Yes, I want to honor those who have made a difference.

The Caring Heart program provides grateful patients, their families and friends the opportunity to recognize the excellent care received from a MVHS "Caring Heart" healthcare provider while supporting patient services and programs in our system.

Please accept my gift:

O \$500 O \$1,000 O \$250 O \$100 O\$50 O \$25 Other \$__

Please Print

My gift is being made in appreciation of my Caring Heart healthcare professional:

Name(s) of healthcare professional(s) Office/Department

Your caregiver will be notified of your special tribute gift.

O I have enclosed my check payable to: **MVHS Foundation**

Charge my gift to:

OVisa OMasterCard ODiscover OAmerican Express
Card #
Expiration Date
CV Code (last 3 digits on back of card)
Signature

our name		
Address		
City	State	Zip
Phone number		

Thank you for making

a difference! Please share your story here or enclose your story on a separate piece of paper.				

3. Wet and seal flap	
2. Insert form and check into envelope	
1. Detach envelope here	