

How Can You Say Thank You?

Honor Your Health Care Hero

provides an opportunity for grateful patients and their family and friends to say thank you by making a gift in honor of the physician, nurse or staff member who made a difference in their care.



Thanking a HERO is easy!

By making a gift of any amount to John Muir Health Foundation, your caregiver will receive a custom-crafted HERO lapel pin.



You can be thanked in many ways from patients. While not expected, gratitude is a most welcome gift. Receiving this type of acknowledgment has been one of the greatest honors

-Sally Davis, M.D.

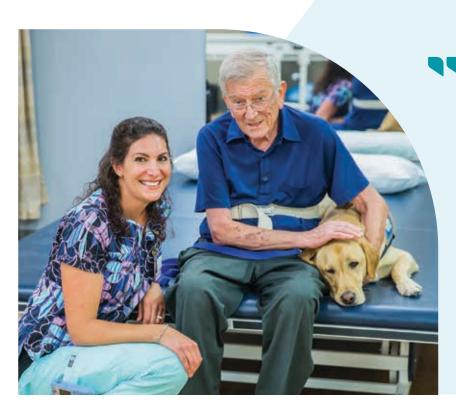
in my life.

Thanks to the fast actions of Dr. Andrew Dublin and Dr. Perkin Shiu, I am alive and well today. It brought me and my wife great joy to say thank you for saving my life.

—Sundar Vasu Devan

The team at John Muir Health was incredibly responsive and compassionate to my husband ...and to me. I was very worried about Sundar, but they kept me informed every step of the way. I thank John Muir Health every day for saving my husband's life.

-Bama Vasu Devan







Thank a physician, nurse or staff member
Honor someone special or a special occasion
Support John Muir Health's quality patient care
Ensure the highest level of care
Save lives in our community every day

I wish to honor the following caregiver(s):

(Please provide first and last name)

Caregiver's Name:	
Message	
Caregiver's Name:	
Message	

Philanthropic gifts
help to sustain and
enhance the margin
of excellence that
distinguishes
John Muir Health
as a top-rated health
care provider and a
vital community asset.

Donor's Name

Please continue form on the next page...



Your HERO will receive this custom-crafted lapel pin when you say *Thank You!*

Please provide the following information:

	Donor's Name:
	Address:
	City: State: Zip code:
	Email:
	Cell Phone: (Home Phone: ()
Enclo	sed is my gift of:
	○ Check enclosed payable to John Muir Health Foundation
	Please charge my: O Visa O MasterCard O Amex O Discover
	Cardholder's Name:
	Card Number: / / / /
	Exp Date: / CVV:
	Address of Cardholder:(If different than above)
	City: State: Zip code:
	Signature:

You may wish to designate your gift to one or more of the following service areas:

- O The John Muir Health Fund (General Support)
- O Behavioral Health Services
- O Cancer Services
- O Cardiovascular Services
- O Children's Services
- Community Support/Emergency Fund
- O Diabetes Services
- Emergency Services

- O Neurosciences Services
- Nursing Education
- Orthopedic Services
- O Physical Rehabilitation
- O Spiritual Support
- O Trauma Services
- O Women's Health Services

John Muir Health Foundation is dedicated to inspiring and stewarding philanthropic support for all programs, services, and facilities of John Muir Health.







