

YES! I WANT TO RECOGNIZE SOMEONE.

TO: _____
[PHYSICIAN, NURSE, STAFF, UNIT OR VOLUNTEER]

DEPARTMENT: _____

DATE OF HOSPITAL STAY: _____

MESSAGE: _____

I give permission to share my story.

**Identified caregivers will receive individual recognition, including this commemorative lapel pin.*



MISSION:

Serve the community by building awareness and philanthropic support for Cape Fear Valley Health as it provides compassionate, quality healthcare for all its patients.

Cape Fear Valley Health Foundation is a 501 (c) 3 non-profit organization and contributions may be tax deductible.

Please remember the Foundation in your Estate Planning.



PO BOX 87526 :: FAYETTEVILLE, NC 28304
(910) 615-1285
www.cfvfoundation.org

RECOGNIZE SOMEONE
*who made a DIFFERENCE
to you or someone you love...*



GRATEFUL
PATIENTS
and FAMILIES

CAPE FEAR VALLEY HEALTH FOUNDATION



Have you ever wanted to say *THANK YOU* in a meaningful way?

A Grateful Patients and Families gift is the perfect way to honor a caregiver at Cape Fear Valley Health who made a difference to you or your family.

If someone has made an impression on you by...

- ▶ being exceptionally friendly
- ▶ showing compassion and kindness
- ▶ simply bringing a warm blanket

If you've experienced...

- ▶ a lifesaving procedure
- ▶ or a nice visit from a volunteer

Say thank you and make a gift in appreciation of your caregiver.



HERE IS WHAT OUR GRATEFUL PATIENTS ARE SAYING ...

I experienced exceptional treatment by everyone who took care of me. I appreciated their kindness. Each of my caregivers put me at ease with their great attitude and concern for my well-being.

– Jessica

These employees work as a team to ensure that everyone is taken care of in an efficient manner. They provide the incentive for patients to exceed their potential. Thank you for hiring such an outstanding staff.

– Frank

Thank you for your hard work and smile which helped make my treatment a delight!

- Carlyse

All caregivers honored will receive public recognition, a thank you letter and a Grateful Patients and Families lapel pin to proudly wear.

This gift is tax deductible to the extent allowed by law. It will be used for Cape Fear Valley Health Foundation services and programs.

YES! I want to RECOGNIZE SOMEONE who made a DIFFERENCE to me and my family ...

YOUR NAME *[as you would like it to appear in recognition]*

ADDRESS

CITY STATE ZIP

DAY PHONE EVENING PHONE

EMAIL

To make a gift, please complete this form and send it along with your donation to the address below. It is also easy and convenient to make a gift through our website at www.cfvfoundation.org For more information on ways to give, please contact Cape Fear Valley Health Foundation at (910) 615-1285.

Enclosed is my check for: *[make checks payable to Cape Fear Valley Health Foundation]*

\$25 \$50 \$100 \$500 other: \$ _____

Please charge my credit card:

Visa MasterCard AmEx Discover

ACCOUNT # EXP. DATE

SIGNATURE TODAY'S DATE

3 OR 4-DIGIT SECURITY CODE

Check here if this gift is anonymous.

CAPE FEAR VALLEY HEALTH FOUNDATION
101 ROBESON STREET :: SUITE 106 :: FAYETTEVILLE, NC 28301
910 615-1285 office