



BORGESS

Foundation

Caring Hearts & Hands
1521 Gull Road, MSB 405
Kalamazoo, MI 49048

(269) 226.8100
(269) 226.7396 Fax
foundation.borgess.com

A member of Ascension Health®

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*Caring is a gift you
can pass on to others.*



Caring
Hearts
&
Hands



BORGESS

Set the gift of caring in motion.



As a patient of Borgess Health, you know that caring hearts and caring hands are what every employee contributes to your health and

well-being. **Caring Hearts and Hands** is also the name of a Borgess Foundation program that lets you give back a little of the attention you received while you were in the hospital.

Through the **Caring Hearts and Hands** program, you or your grateful family members or friends can recognize someone who has made a positive and memorable impact on your life. Examples of compassionate and relationship-centered care may find expression in:

- ~ The efficiency of the friendly staff who checked you in
- ~ The genuine smile of the nurse or therapist who brightened your days—and your spirits
- ~ The gifted physician or provider whose skill and manner calmed your anxiety
- ~ The considerate housekeeper who did their job almost invisibly

- ~ The cheery transporter who wheeled you to your ride at the end of your stay
- ~ Anyone who provided you compassionate care

Kindness goes by many names and has many faces. Is there a name or face that keeps coming back to you when you think of your care at Borgess? Please take a moment to pay tribute to that special someone by filling out the attached card and sending it to the Borgess Foundation.

Your tribute will honor and delight your personal hero or heroine, and we'll celebrate them with an appreciation card, a lapel pin and other recognition. Your gift will help us provide treatment for the needy, buy equipment and meet a variety of other needs within the healing walls of Borgess Health.

To learn more on how to set the gift of caring in motion, contact the Borgess Foundation at **269.226.8100** or visit **chh.borgess.com**.

BORGESS
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I want to return the gift of caring.



I wish to recognize:

BORGESS EMPLOYEE'S FIRST AND LAST NAME

BORGESS FACILITY OR DEPARTMENT

as an outstanding example of compassionate care. Please accept my gift as a token of my appreciation for the caring heart and hands Borgess employees bring to the health and well-being of every patient.

Enclosed is my donation for:

- \$1,000 \$500 \$250 \$100 \$50
 Other gift: \$ _____

- Check made payable to: **Borgess Foundation**
 Visa MasterCard Discover

PRINT NAME AS IT APPEARS ON CARD

CARD NUMBER

EXPIRATION DATE

CARD HOLDER'S SIGNATURE

Your gift is tax-deductible.

NAME

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP