



I'M GRATEFUL FOR  
THE CARE PROVIDED AT  
BUTLER MEMORIAL HOSPITAL

Enclosed is my gift of:

- ☐ \$25 ☐ \$50 ☐ \$100 ☐ Other \_\_\_\_\_
- ☐ Please keep my gift anonymous

Designation Options\*:

- ☐ Cancer Support Services
- ☐ Cardiovascular Care
- ☐ Caring Angel Program
- ☐ Food Institute
- ☐ Palliative Care Program
- ☐ Patient Transportation Fund
- ☐ Women's Imaging Center

\* If no designation is selected, your gift will be used where it is most needed.

- ☐ Check Enclosed (make payable to Butler Memorial Hospital Foundation)
- ☐ American Express ☐ MasterCard
- ☐ Visa ☐ Discover

Credit Card Number

Expiration Date

Security Number

Name on Card

Signature

To donate, scan the QR code or visit  
[www.Independence.Health/BMHFoundation](http://www.Independence.Health/BMHFoundation)



Independence  
HEALTH SYSTEM  
BUTLER MEMORIAL HOSPITAL  
FOUNDATION

1 Hospital Way  
Butler, PA 16001



"The care that I received from Dr. Szabo from start to finish was phenomenal. I felt extremely comfortable with him the first time I met him for the evaluation in the office. Every day that I was in the hospital, I saw his face, and couldn't have asked for better care because literally they saved my life."

— Greta

Grateful Patient  
PROGRAM

538-02-0419-ID



Independence  
HEALTH SYSTEM  
BUTLER MEMORIAL HOSPITAL  
FOUNDATION



Grateful Patient  
PROGRAM

There are dozens of ways that members of the Butler Memorial Hospital health care team make a positive difference in the lives of our patients. The Butler Memorial Hospital Foundation's Grateful Patient Program provides an opportunity to share your story.

[www.Independence.Health/BMHFoundation](http://www.Independence.Health/BMHFoundation)

## How can I say "thank you" to my caregiver at Butler Memorial Hospital?

The Butler Memorial Hospital Foundation's Grateful Patient Program offers a way for you to do just that. Your generosity will benefit others in need by helping enhance the healing experience of future patients.

On a daily basis, we receive praise from our patients about the caregivers at Butler Memorial Hospital who have touched their lives. It may be a special doctor or nurse, a volunteer, an entire department or even one of our clinical programs that impacted your health or that of a loved one. As a recipient of our services, we invite you to share your story with us.

The Grateful Patient Program allows you and/or your family to formally recognize the exceptional care received at Butler Memorial Hospital and to show gratitude to a caregiver who played a special role in your health care. If you've been touched by the Butler Memorial Hospital health care team, we invite you to recognize the individual(s) with an honorary donation in his or her name. Your gift helps support the mission of Butler Memorial Hospital by introducing innovative medical advances, purchasing new technologies and maintaining a modern facility that offers exceptional patient care, close to home.

*Grateful Patient*  
PROGRAM



"I'm a firm believer that, when you are in your scariest moments in life and people are there to help you get through those times, they deserve to be recognized and commended."

— Janine Parks, Johnstown, PA

### Making Your Gift Personal

The Butler Memorial Hospital Foundation's Grateful Patient Program is personal and flexible. You can designate a gift of any size to a specific area or allow us to direct the funds where they are needed most.

As part of the Grateful Patient Program, your donation may acknowledge any caregiver at Butler Memorial Hospital, or you may wish to give in honor or memory of a loved one.

Showing your gratitude is as simple as completing the attached form and mailing it along with your donation to:

**Butler Memorial Hospital Foundation**  
**Grateful Patient Program**  
**1 Hospital Way**  
**Butler, PA 16001**

You may also complete the form and make your donation online at [www.Independence.Health/BMHFoundation](http://www.Independence.Health/BMHFoundation).

### Sharing Your Story

Even if you are unable to give at this time, you may use the attached space to send a note about your experience at Independence Health System. Your story will mean a great deal to our caregivers.

**Grateful Patient Program**  
1 Hospital Way | Butler, PA 16001  
724-284-4409

**YES!** I would like to share my story.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

### Sharing Your Story

☐ I give permission to share my story in various hospital publications.

I would like to recognize the following individual(s)/ department(s). *When a gift is made, the individual(s)/ department(s) whom you are recognizing will be notified and will receive additional recognition throughout the organization.*

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See reverse side for gift form →

tear here ✂