Swedish Hospital Foundation

Grateful Patients Program

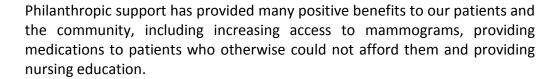
GIFTS OF GRATITUDE

Often, patients and their families want to know how they can show their appreciation to a caregiver who went above and beyond. One way to express gratitude is to make a charitable gift to Swedish Hospital to honor those who have made a difference in your care.



HOW ARE GIFTS OF GRATITUDE USED?

Your gift will not only show your appreciation, it will help Swedish Hospital continue to meet the needs of our community. As a not-for-profit organization, Swedish Hospital fulfills its mission through the generosity of friends, grateful patietns, neighbors and business leaders who believe in enhancing care to help more than 95,000 patients served annually.





LEARN MORE ABOUT SPECIAL GIVING OPPORTUNITIES

Some patients and families wish to make larger gifts to specific areas. Others give through planned gift arrangements that allow them to give more or to receive additional tax or estate planning benefits. To learn more about special giving opportunities, contact us at schoop.org.



SAY THANK YOU TODAY

If you or a family member would like to honor a caregiver, please return the attached form to:

Swedish Hospital Foundation 5145 N. California Ave. Chicago, IL 60625

Or call Swedish Hosptial Foundation at 773-989-5121

Donations may also be made online at swedishhospitalfoundation.org/donate



Swedish Hospital Foundation

Grateful Patients Program Donation Form

Name:		Yes, I would like to make a donation to:
		\square Pathways for survivors of DV, SA and HT
Address:		☐ COVID-19 Relief
City	. 7:	☐ Dentistry
City: Stat	e: zip:	☐ Women's Health
		☐ Cancer Survivorship
Phone:		\square Nursing
		☐ Helping Hands
Email:		☐ Employee Benevolence
		☐ Greatest Need
		\square Other
☐ Check : I have enclosed my	check in the amount of \$	made payable to Swedish Hospital Foundation
☐ Credit Card : Please charge	the following credit card in th	e amount of \$
☐ Visa	Credit Card #:	
☐ Discover	Expiration Date:	Security Code:
☐ MasterCard	Signature:	Date:
I would like to be recognized a	as	
\square I wish for my gift to be ano	ıymous.	
I AM MAKING THIS GIFT IN HO	ONOR OF:	
Caregiver's name:		Unit:
Reason for honoring (optional)	ı:	
☐ Swedish Hospital Foundation	on has my permission to share	e my comments in publications.

When a gift is made, the person whom you are recognizing will receive an acknowledgement card along with your personalized note, if you choose to include one. We are honored that you have chosen to donate to Swedish

Please email this form to schoop.org or mail to: Swedish Hospital Foundation, 5145 N. California Avenue, Chicago, IL 60625

Hospital through our Grateful Patient Program. Thank you for your generosity!