I am making this gift in honor of:

____________________________________
Caregiver’s name

____________________________________
Unit

Reason for honoring (optional)

____________________________________

____________________________________

____________________________________

Swedish Covenant Hospital Foundation has my permission to share 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 Covenant Hospital through our Grateful Patient Program. Thank you for your generosity!

Swedish Covenant Hospital Foundation
5145 N. California Ave.
Chicago, IL 60625
773-293-5121
Foundation@SwedishCovenant.org

SwedishCovenantHospitalFoundation.org
Grateful Patient and Families Program

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

Philanthropic support has provided many positive benefits to our patients and the community, including increasing access to mammograms, providing medications to patients who otherwise could not afford them and providing nursing education.

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 Foundation@SwedishCovenant.org.

SAY THANK YOU TODAY

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

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

or call Swedish Covenant Hospital Foundation at 773-293-5121.

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

Yes, I want to give thanks.

Name Mr./Mrs./Ms.

Address

City

State Zip

Email

Phone

Please direct by contribution to:

☐ Unrestricted (area of greatest need)
☐ Cancer Care
☐ Other

I would like to make a gift of $

☐ Check made payable to Swedish Covenant Hospital Foundation
☐ Visa
☐ Mastercard
☐ Discover
☐ American Express

Card number

Security code

Expiration date

Signature