

Payment Information:

Donation Amount

\$ _____

Payment Method:

_____ *Cash*

_____ *Check*

_____ *I would like to become an annual supporter of the Minidoka Health Care Foundation "Angels Among Us" program to help support the care of patients at Minidoka Memorial Hospital.*

_____ *1 Year.....\$50*

_____ *2 Year.....\$100*

_____ *Lifetime.....\$1,000*

Renewal Notices will be sent annually

*Please mail completed form to:
Minidoka Health Care Foundation
1224 8th Street
Rupert, Idaho 83350*



For More Information

Contact

*Minidoka Health Care
Foundation*

1224 8th Street

Rupert, Idaho 833550

(208) 436-0481 ext. 124

www.minidokamemorial.com

*Minidoka
Health Care Foundation
Presents*

*Angels
Among
Us*



*Has an Angel Touched
Your Life?*

*Make a gift in Honor of a Physician,
Nurse, Volunteer, or Other
Caregiver who made
a Difference in Your Stay*

Has a Doctor, Nurse, Volunteer or Other Caregiver Made a Difference in Your Life?

Our patients often express their gratitude in a variety of ways - through kind words, smiles, letters of thanks and financial contributions. One of the most popular and meaningful ways for you to express your appreciation is to make a gift to Minidoka Health Care Foundations "Angels Among Us" program. This program enables you to say thank you and honor the caregiver who made your experience positive.

All you need to do is fill out this form and let us know the name of your "Angel Among Us." We will notify this person that you are honoring them as your Angel (unless you would like to remain anonymous) and they will receive a guardian angel lapel pin to wear proudly throughout the facility.



The "Angels Among Us" will also be recognized on the intranet throughout the hospital.

Acknowledging someone for a job-well-done is one of the most meaningful forms of gratitude you can offer. Your personal experience at MMH has provided you with first-hand knowledge of the care and compassion offered at our local hospital.

Your participation in the "Angels Among Us" program demonstrates you understand and care about the important role our caregivers and facility play in helping us to continue fulfilling this mission of excellent patient care and compassion.

Yes, I would like to honor an "Angel Among Us" by making a gift to the Minidoka Health Care Foundation.

Name

Address

City, State, Zip

Phone

"Angels Among Us" Information

Staff Member Name

Department

Reason for honoring

Please check this box if you would like to remain anonymous.