

How can you say Thank You?

Welcome! We are pleased that you or a family member had a positive experience at West Branch Regional Medical Center.

Patients who receive exceptional medical care often ask if there is anything they can do to thank their caregiver - something that is extra special. If you are a Grateful Patient, or family member of one, then you know someone who would greatly appreciate recognition from you.

Be a part of the Tolfree Foundation Provider Recognition Team! Please consider making a donation in honor of a physician, nurse, or staff member who made a difference in your recent hospital stay or stay of a loved one. You will not only recognize your caregiver but contribute to their continued work.

Your gift will help the Tolfree Foundation purchase equipment and support on-going programs that will benefit those living in northern Michigan. It is very possible that you or a loved one benefited from the generosity of past patients or their family members during your recent visit with us.

When you contribute to the Tolfree Foundation, you show your appreciation in a way that will help others receive outstanding care. The effects of your kindness are profound and far-reaching. *Your gift helps us to change lives!*

Gratitude... Is the Heart's Memory

I'm thankful for....

- The knowledge and medical expertise of my doctor
- The care provided by a special medical professional
- The personalized attention I received from my medical team
- The outstanding work of a hospital employee, department, or volunteer
- The gift of restored health

*The human spirit is
stronger than anything
that can happen to it"*
~ George C. Scott



CHOOSE
where your
donation goes...



Greatest Need Fund

Greatest Need Funds are extremely important because they give West Branch Regional Medical Center the maximum flexibility to address our community's highest priorities. Your gift will work to ensure high quality healthcare for you, your family, and your friends.

Healthaccess

Healthaccess is a community outreach service of West Branch Regional Medical Center serving uninsured and underinsured individuals. Clients come to the program in need of medical care, prescription medication, doctors visits, medical supplies, dental care, gas cards to travel to treatment, and more. Your contribution will help those residing in our area receive the medical care they deserve.

Ambulatory Care Center

Help with the construction of this new 18,000 square foot, three story building that will house outpatient surgery and medical imaging. A great investment in the future healthcare for our community!

Grateful Patient Program

Please Consider A Gift ~

The Grateful Patient Program provides an opportunity for patients and their families to say "thank you" for exceptional medical care. Your gift will help us to help others and thank those who made a difference.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

E-mail: _____

YES!

I would like to make a gift by check, cash, or credit card in support of the Grateful Patient Program:

\$250 \$100 \$50 \$_____ other

Your gift may be directed towards **YOUR AREA OF CHOICE**. Simply note your choice on this form.

Greatest Need Fund Healthaccess
 Ambulatory Care Center

Credit Card: Mastercard Visa
 Discover American Express

Card Number: _____

Expiration Date: ____ / ____ / ____

Signature: _____

Date: _____

Tolfree Foundation
335 E. Houghton Avenue
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Remember...as always, your gift may be tax deductible