

# The SIH Grateful Patient & Family Giving Program

## Give thanks for the...

- » Compassion and respect shown to you or a loved one
- » Knowledge and expertise of your medical team
- » Kind words and thoughtfulness from a caregiver



## To Donate a Gift

Return this form, visit [sih.net/gratefulpatient](http://sih.net/gratefulpatient) or call **618.457.5200 ext 67843**. Your generous donation will provide support at the SIH facility of your choice. Your caregiver will receive a special lapel pin and a written acknowledgment to recognize their efforts.

I am grateful for the care provided to me or a loved one at:

- SIH Cancer Institute     SIH Memorial Hospital of Carbondale     Trauma Center at Memorial Hospital  
 SIH Herrin Hospital     SIH St. Joseph Memorial Hospital

**OR**  This gift may be used where the need is greatest at SIH.

Caregiver(s) name/title (if applicable) \_\_\_\_\_

Message to Caregiver(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We wish to remain anonymous.

## Donor Information

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone (home/cell) \_\_\_\_\_

**Gift Amount \$** \_\_\_\_\_  Check (payable to SIH Foundation)

Credit Card:  Visa  MasterCard  American Express  Discover

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on card \_\_\_\_\_

Signature (required) \_\_\_\_\_

Please remove my name from your mailing list.