

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 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 us at schfoundation@schosp.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 Hospital Foundation at 773-989-5121

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



Swedish Hospital Foundation

Grateful Patients Program Donation Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Yes, I would like to make a donation to:

- Pathways for survivors of DV, SA and HT
- COVID-19 Relief
- Dentistry
- Women's Health
- Cancer Survivorship
- Nursing
- Helping Hands
- Employee Benevolence
- Greatest Need
- 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 the amount of \$ _____

Visa

Discover

MasterCard

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Signature: _____ Date: _____

I would like to be recognized as _____

I wish for my gift to be anonymous.

I AM MAKING THIS GIFT IN HONOR OF:

Caregiver's name: _____ Unit: _____

Reason for honoring (optional): _____

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

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