



# How Can You Say Thank You?

## Honor Your Health Care Hero

provides an opportunity for grateful patients and their family and friends to say thank you by making a gift in honor of the physician, nurse or staff member who made a difference in their care.



community-based, not-for-profit

# Thanking a HERO is easy!

By making a gift of any amount to John Muir Health Foundation, your caregiver will receive a custom-crafted HERO lapel pin.



*You can be thanked in many ways from patients. While not expected, gratitude is a most welcome gift. Receiving this type of acknowledgment has been one of the greatest honors in my life.*

—Sally Davis, M.D.



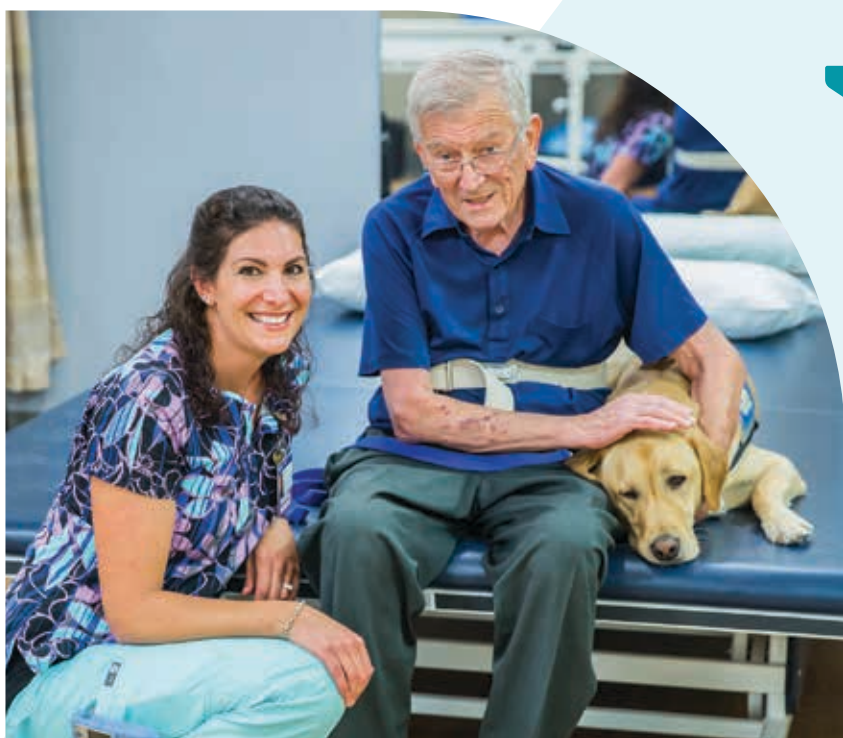
*Thanks to the fast actions of Dr. Andrew Dublin and Dr. Perkin Shiu, I am alive and well today. It brought me and my wife great joy to say thank you for saving my life.*

—Sundar Vasu Devan



*The team at John Muir Health was incredibly responsive and compassionate to my husband ...and to me. I was very worried about Sundar, but they kept me informed every step of the way. I thank John Muir Health every day for saving my husband's life.*

—Bama Vasu Devan



**By making  
a gift today  
you can...**

- Thank** a physician, nurse or staff member
- Honor** someone special or a special occasion
- Support** John Muir Health's quality patient care
- Ensure** the highest level of care
- Save** lives in our community every day

**I wish to honor the following caregiver(s):**

(Please provide first and last name)

Caregiver's Name: \_\_\_\_\_

Message \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

Message \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Donor's Name**

Please continue form on the next page...

**Philanthropic gifts  
help to sustain and  
enhance the margin  
of excellence that  
distinguishes  
John Muir Health  
as a top-rated health  
care provider and a  
vital community asset.**



Your HERO will receive this custom-crafted lapel pin when you say ***Thank You!***

## Please provide the following information:

Donor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## Enclosed is my gift of:

\$50  \$100  \$500  \$1,000  Other \$ \_\_\_\_\_

Check enclosed payable to John Muir Health Foundation

Please charge my:  Visa  MasterCard  Amex  Discover

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Exp Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_  
(If different than above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Signature: \_\_\_\_\_

## You may wish to designate your gift to one or more of the following service areas:

- |  |   |
|--|---|
| <input type="radio"/> <b>The John Muir Health Fund</b> (General Support) | <input type="radio"/> Neurosciences Services  |
| <input type="radio"/> Behavioral Health Services                         | <input type="radio"/> Nursing Education       |
| <input type="radio"/> Cancer Services                                    | <input type="radio"/> Orthopedic Services     |
| <input type="radio"/> Cardiovascular Services                            | <input type="radio"/> Physical Rehabilitation |
| <input type="radio"/> Children's Services                                | <input type="radio"/> Spiritual Support       |
| <input type="radio"/> Community Support/Emergency Fund                   | <input type="radio"/> Trauma Services         |
| <input type="radio"/> Diabetes Services                                  | <input type="radio"/> Women's Health Services |
| <input type="radio"/> Emergency Services                                 |   |

John Muir Health Foundation is dedicated to inspiring and stewarding philanthropic support for all programs, services, and facilities of John Muir Health.



All gifts are tax-deductible, as allowed by law. Tax ID # 94-2650855  
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