

# GIVE THE GIFT OF GRATITUDE



## HONOR YOUR CARE CHAMPION TODAY!

Recognize the nurse, physician or other staff member who has gone above and beyond to take care of you or a loved one during your hospital stay. Your gift of any amount will acknowledge your Care Champion and provide medical equipment to benefit other patients.

To honor your Care Champion, fill out the form below and return it to:

**Huntsville Hospital Foundation**  
801 Clinton Ave. East  
Huntsville, AL 35801

Call (256) 265-8077 for more information, or visit [huntsvillehospitalfoundation.org](http://huntsvillehospitalfoundation.org) to make a gift online.



I would like to contribute:

- \$1,000    \$500    \$250    \$100  
 \$50    Other gift \$ \_\_\_\_\_

Please use my gift in support of:

Hospital:  HH Main    Women & Children    Madison

Where it's needed most

Hospital department: \_\_\_\_\_

My check to Huntsville Hospital Foundation is enclosed

Please charge my credit card:

- Mastercard    Visa    AmEx    Discover

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Security Code \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) of physician, nurse or other caregiver(s)

\_\_\_\_\_

Hospital Unit/Department where they work

Message to your Care Champion(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Care Champion(s) will receive your message and will be notified of the special tribute gift made in their honor.

(The amount of your gift will not be disclosed.)

You may share my name with my Care Champion(s).