

I am grateful for my care

I would like to donate

- \$500 \$250 \$100
 \$50 \$25 Other _____

I would like my gift to recognize:

Name: _____

Department: _____

Please direct my gift toward:

- Where it is needed most.
 New Hospital Beds (\$8,000 each)
 Cardiac Rehab Monitoring System (\$50,000)
 New Colonoscopy Equipment (\$100,000)
 New Hospital Campaign (\$40,000,000)

Donated by:

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

- You have my permission to include my name on donor lists as a grateful patient.
 I would like my donation to be anonymous.

- My check, payable to Livingston HealthCare Foundation, is enclosed.
 Please charge to my credit card.
Circle One: VISA MasterCard Amex Discover

Card# _____

Expiration Date _____

Security Code _____

Signature _____

The Livingston HealthCare Foundation is a 501(c)(3) not-for-profit organization. The amount of your tax-deductible gift is confidential.



LivingstonHealthCare
FOUNDATION

Livingston HealthCare Foundation
504 South 13th Street
Livingston, MT 59047
Phone: 406-823-6710
Fax: 406-823-6711
www.livingstonhealthcare.org



LivingstonHealthCare
FOUNDATION

When *you* want to
say *thanks*

GRATEFUL PATIENT PROGRAM

Livingston HealthCare is a not-for-profit healthcare organization whose mission is to serve through quality healthcare. The organization provides healthcare services for the residents of Park County and the surrounding areas.

The Livingston HealthCare Foundation is also a not-for-profit organization. The Foundation seeks funds in support of Livingston HealthCare programs and services to bridge the gap between operational revenues and what the organization needs to sustain quality care.





“Thanks to
everyone
at Livingston HealthCare
for the outstanding services, caring
attitudes, and excellent teamwork
displayed—professional staff all
around. It’s a real pleasure to be a
patient at your facility!” — A.J.

Say thank you by making a gift in honor of those who made a difference to you.

Every day, Livingston HealthCare receives praise from our patients about individuals who made a difference in their care. The Grateful Patient Program offers an opportunity to say thank you to caregivers who provided exceptional service to you or a loved one, and to show your appreciation in a way that will help us provide others with the same outstanding care.

When you make a gift, the person you are honoring will be sent a special letter, along with your personalized card. We will recognize these employees to their peers each month during our Livingston HealthCare employee meetings and to the community in our quarterly publication, *Living Well*.

Healthcare is Expensive

Each year, Livingston HealthCare, which is a not-for-profit organization, has financial needs that exceed our revenues. Your donation will help us purchase much needed new equipment, build our new healthcare campus, and provide important clinical services to our community. Your contribution will help ensure quality healthcare in Park County for generations to come.

Make It Personal

You can designate a gift of any size to a specific area or allow us to direct the funds to the area of greatest need. It is entirely up to you how you honor the work of the person or people who made a difference in your experience.

Working Together

We need your help. Your generous support is essential for quality, local healthcare in Park County.

From the Heart

Your gift supports Livingston HealthCare in providing care to our community. Make a donation by mail, phone, fax, or online.

Livingston HealthCare Foundation
504 South 13th Street
Livingston, MT 59047

406-823-6710 phone
406-823-6711 fax
www.livingstonhealthcare.org



LivingstonHealthCare

FOUNDATION

Certificate of Appreciation

Employee Name

Thanks for your compassion and your excellent service. You made a difference in my experience and I am especially grateful for that. I am so glad you are a part of my healthcare team.

A grateful patient,

Please turn card over to add a personal note.

