



# There is no higher compliment than the thanks of a patient or family!

**I would like to recognize my HealthCare Star.**

Specific Individual: \_\_\_\_\_

Department(s): \_\_\_\_\_

**Tell us about your HealthCare Star(s)** \_\_\_\_\_

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

If you need additional space, feel free to enclose additional pages or write on the back of this page. You have the opportunity to pay tribute to someone who provided you with World Class Service or care during your stay. Your "Star" will be recognized at a pin presentation ceremony among his or her peers.

**I would like to make this donation to assist their department:**

\$25     \$50     \$100     \$250     Other \$ \_\_\_\_\_

**This donation is from:**

Name: \_\_\_\_\_

Please check here to remain anonymous to your star.

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

This gift is in memory of: \_\_\_\_\_

Please make check payable to *Pawnee Valley Community Hospital Foundation*.

*How else may we assist you?*

- I would like to arrange for a hospital tour.
- Please contact me regarding planned giving opportunities.
- Or, please send me more information about:

\_\_\_\_\_.

An acknowledgement of this gift will be sent to the honored individual(s) or department. Contribution amounts are confidential.

**Please mail this form to:** Pawnee Valley Community Hospital Foundation / 923 Carroll Avenue / Larned KS 67550.

**Thank you for your generous support.**

