



**Foundation**

Honor someone who made a difference in your care.



# Grateful Patient Program

*Thank you* for being an outstanding partner in my care at CHI St. Joseph's Health.  
You truly made a difference.

Here is my story:

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*Signed, a Grateful Patient*

**Please accept my Grateful Patient Gift of \$** \_\_\_\_\_

I've enclosed a check payable to *CHI St. Joseph's Health Foundation*

**Your Name:** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I prefer my gift to remain anonymous.     My gift may be publicly recognized.

*Thank you for your comments & gifts. We are graced by your presence in our lives. Your gift is tax deductible to the full extent allowed by law.*

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**Please fill out and return to:**  
CHI St. Joseph's Health  
Attn: Sonja Day  
600 Pleasant Avenue  
Park Rapids, MN 56470

**Or contact Sonja at:** 218.616.3383 or  
SonjaDay@CatholicHealth.net