





### *How Can You Say Thank You?*

Patients who receive exceptional care often ask “How can I say ‘thank you’ to those people who made a difference while I was a patient at Cole Memorial?” The Cole Foundation offers the “Honor Your Caregiver Program” as one way for you to do just that.

Cole Foundation provides you and your family with an opportunity to show gratitude to a provider, nurse, staff member, office or department who played a special role in your care. We invite you to recognize that individual(s) by making a monetary contribution in his or her name. No matter the size of your gift, recognizing a caregiver does so much.

### *Make it Personal*

The gifts that you provide through this grateful patient program will help support the mission and vision of the Cole Foundation.

Maybe it was exceptional care, compassion and kindness you or your loved one received. It could have been a lifesaving procedure or a visit from a volunteer during your stay.

You may say “**Thank You**” by making a gift to recognize the caregiver who made a difference to you.

Showing your gratitude is as simple as completing the form and returning it to:

**Cole Foundation**  
**1001 East Second Street**  
**Coudersport, Pa 16915**

When a gift is made, the person whom you are recognizing will receive a custom-crafted “Honor your Caregiver” pin, will be mentioned in our employee newsletter and will be honored during a special presentation. They will also receive your personalized note with an acknowledgment letter.

*“The best and most beautiful things in the world cannot be seen or even touched. They must be felt with the heart.”*

*- Helen Keller*



**YES!** I am grateful for the care provided at Cole Memorial.

Enclosed is my gift of:

\$25    \$100    \$500   \$ \_\_\_\_\_

\$50    \$250    \$1000

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Please keep my gift anonymous

**Credit Card:**

Visa

MasterCard

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

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Date: \_\_\_\_\_

**Please make checks payable to Cole Foundation.**

I have included Cole Foundation in my will.

I would like more information about making a bequest or other planned gift to the Cole Foundation.