

I WOULD LIKE TO RECOGNIZE:

Name: _____

Department: _____

This caregiver deserves recognition because:

We are honored that you have chosen to donate to St. John's Episcopal Hospital through our Grateful Patient & Family Program. Your appreciation and comments will be shared with our Patient Experience Officer.

Please mail this form and your donation to St. John's Episcopal Hospital, 327 Beach 19th Street, Far Rockaway, NY 11691. Attention: Nancy Leghart, Director of Foundation.

Thank you for your gift!

OUR MISSION

St. John's Episcopal Hospital in partnership with our community provides exceptional healthcare and education programs in an academic setting across the continuum of care.

We deliver high quality, value-based services with cultural sensitivity to the faiths and traditions of those we serve.

OUR VISION

St. John's Episcopal Hospital will build an effective coalition aimed at achieving improved community health status in a financially stable environment, with emphasis on serving the needs of our patients and families, while training the physicians and healthcare providers of tomorrow.

Contributions are always needed and appreciated, and enable St. John's to maintain the highest level of patient care.

Grateful
Patient & Family Program



 ST. JOHN'S EPISCOPAL HOSPITAL
EPISCOPAL HEALTH SERVICES INC.

327 Beach 19th Street Far Rockaway, NY 11691
www.ehs.org | 718.869.7000

 ST. JOHN'S EPISCOPAL HOSPITAL
EPISCOPAL HEALTH SERVICES INC.

Grateful

Patient & Family Program

Show Your Gratitude!

When you make a donation to our Grateful Patient & Family Program, you are helping St. John's Episcopal Hospital invest in our community's health and well-being. Our Grateful Patient & Family Program is the perfect way to say thank you for the outstanding care you received, for excellent treatment of a loved one or to honor the memory of someone who received care at St. John's.

Physicians, nurses, staff members or volunteers who are honored by your donation will receive a recognition letter informing them of your gift and gratitude.

Your generosity will enhance the experience of future patients by helping purchase new technologies, modernize our facility and introduce new programs while maintaining St. John's exceptional care close to home.



"The quality of care that I have received over the last three years has been amazing. I am extremely grateful to the entire St. John's team."

— John B.

"My experience with the staff was great, and my nurses were awesome. In two words, the staff at St. John's are friendly and attentive."

— Destiny S.

Yes!

I want to make a gift of gratitude.

Name _____

Address _____

City _____

State _____ Zip _____

Email _____

Phone _____

I would like to make a gift of \$ _____

Cash Check Checks payable to St. John's Episcopal Hospital

MC VISA AMEX DISCOVER

Credit Card Number _____

Expiration Date _____ Security Code _____

Signature (Required for credit card gifts) _____

Date _____ Billing Zip Code _____

In Memory of _____

In Honor of _____