



# Gifts *from the* Heart

*A program for grateful patients*

**Receive  
Exceptional  
Care**



**Recognize a  
Special  
Caregiver**



**Write a  
Note of  
Gratitude**



**Mail it in**



**Note  
Shared with  
Caregiver**



When you thank or honor a BVHS associate, that individual will receive a special clip for their ID badge so they can be easily identified as extraordinary. They will also be publicly recognized by the BVHS Executive Steering Council and presented with your personal note of gratitude.

At Blanchard Valley Health System compassion is personal. Our patients are our neighbors, family and friends, which is why we strive to provide exceptional care to every person who enters our doors. Many who receive exceptional care want to say "thank you." Through the Gifts from the Heart program, patients have the opportunity to do so.

*Say "thank you" in a meaningful way.*

The Gifts from the Heart program is a meaningful way for you to honor and thank a nurse, therapist, caregiver or staff member who made a difference to you. It could be someone who provided a listening ear when you needed it the most or made you laugh. It could even be someone who said nothing at all, but whose actions let you know he or she was there for you. A gift in this person's name will allow the exceptional care, skill and talent of that associate to be recognized.

# Your Donation

When you contribute financially to the Grateful Patient program, you recognize and celebrate the extraordinary team member who cared for you or a loved one at Blanchard Valley Health System, while ensuring our staff has the equipment and technology to continue providing exceptional care to our patients. You can designate your gift to a specific department or fund, or you can make a gift that will be used where it is most needed at BVHS.

## How to Give

To honor a caregiver who has provided exceptional care, fill in the information below and on the back of this panel or visit [bvhealthsystem.org/gratefulpatients](http://bvhealthsystem.org/gratefulpatients) or scan the QR code. Provide the caregiver's name, department and write a personal note of gratitude.

Complete this form online:



## A Special Message to Your Caregiver:

To: .....

Department/floor: .....

Message: .....

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.....

.....

*Use additional paper if needed.*

From: .....

*(optional)*

*All Gifts from the Heart donations to Blanchard Valley Health System are tax deductible and will be used to benefit your community health system.*



## Yes! I want to make a gift of gratitude!

Name: .....

Address: .....

City: ..... State: ..... Zip: .....

Email: .....

Phone: .....

I would like to make a gift of (circle one):  
\$25 | \$50 | \$100 | \$300 | Other \$ .....  
to the Gifts from the Heart grateful patient program.

### Please use my gift:

- ☐ Where it is needed most
- ☐ Nursing education fund
- ☐ Medical equipment/technology
- ☐ In the department of the employee I am honoring

*If no designation is selected, your gift will be used in the area of greatest need.*

### Payment:

- ☐ My total gift is enclosed  
*(make check payable to Blanchard Valley Health Foundation)*
- ☐ Please charge my credit card
  - ☐ Mastercard ☐ Discover ☐ Visa ☐ AmEx

Card Number: .....

Expiration Date: .....

Signature: .....

- ☐ Please check here if you would like your gift to remain anonymous
- ☐ Please contact me regarding other giving opportunities to benefit BVHS

Please place this form and your note in an envelope and mail to:

**Blanchard Valley Health Foundation**  
**1900 South Main Street**  
**Findlay, Ohio 45840**  
**419.423.5457**

## Thank you for your contribution!