



Shining Stars

Grateful Patient Program

A way to say Thank You!.....

There are dozens of ways the staff at HVCH make a difference in the lives of our patients. We hear about them every day – through letters, phone calls and other expressions of gratitude. We enjoy hearing about your experience and sharing your story.

By establishing the Shining Stars Grateful Patient Program, individuals and/or their families are able to formally recognize the exceptional care received at Hocking Valley

Community Hospital. You have the opportunity to say “thank you,” and /or give back to those who may have given so much to you.

Should you choose to make a monetary gift, your generosity will enhance the experience of future patients – by helping us purchase new technologies, modernize our facilities and introduce new programs while maintaining exceptional and personalized care close to home.

Message From The Heart

When you make a gift through the Grateful Patient Program, you have the opportunity to enhance the care at Hocking Valley Community Hospital and send a message to your caregiver who made your experience more comfortable. This recognition will let them know their dedication did not go unnoticed. Your message of appreciation also will be shared with your honoree’s supervisor, professional colleagues and peers, and possibly with the community through a donor newsletter or listing on the HVCH website. Regardless of whether or not you are able to give financially at this time, we want to hear your story!

If you would like to participate in the Grateful Patient Program, please complete this form and mail to: Hocking Valley Community Hospital Foundation, P.O. Box 966, Logan, Ohio 43138, or contact us at 740-380-8336. You may also complete this form online at <https://www.hvch.org/ways-to-give/grateful-patient-program>.



Caregiver Name: _____

Message: _____

Your Name: _____

Address: _____

Phone: _____

Email: _____

- I authorize HVCH to share my story.
- I would like to make a gift in honor of my caregiver (see reverse side).



I would like to make a gift to recognize my care giver:

(Caregiver Name)

(Department)

Your Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Enclosed is my gift of \$_____.

Payment Method:

My check made payable to HVCH Foundation is enclosed.

Please charge my credit card for \$_____.

Credit Card: Visa MasterCard Discover

Credit Card #: _____

Exp. Date _____ CV Code _____

Billing Zip Code _____

Signature _____