



## Guardian Angel Program Donation Form

Recognize your Angel with a special gift. Your gift will support medical excellence in our community and enable you to pay special tribute to the caregiver who made a meaningful difference in your St. John visit or stay. Your Guardian Angel will be recognized with a certificate and a specially-designed lapel pin in recognition of his or her exceptional care before their peers.

(My Angel)

I recognize \_\_\_\_\_ as a **Guardian Angel** for  
*(Physician, nurse, or other caregiver)*

\_\_\_\_\_  
*(Description of exceptional care)*

(My Gift)

### My gift honoring my Guardian Angel is for:

\$1,000    \$500    \$250    \$100    \$50    Other \$ \_\_\_\_\_

I wish to have my donation remain anonymous.

Enclosed is my check for \$ \_\_\_\_\_, made payable to St. John Foundation.

*All gifts are tax-deductible to the full extent allowed by law.*

(My Info)

Name: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Street: \_\_\_\_\_ City State Zip: \_\_\_\_\_

E-mail address (optional): \_\_\_\_\_

*Please notify us if you do not wish to receive materials from St. John Medical Center Foundation.*



St. John Medical Center  
Foundation  
*PeaceHealth*

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[www.peacehealth.org/lowercolumbia/foundation](http://www.peacehealth.org/lowercolumbia/foundation)