

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 hospital 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, department, 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 KGH Foundation.

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

Direct my donation to:

Endowment Fund Gift of Healing Area of Greatest Need Other _____

(My Info)

Name: _____ Phone (_____) _____

Street: _____ City State Zip: _____

E-mail address (optional): _____

Please notify us if you do not wish to receive materials from Ketchikan General Hospital Foundation.

Ketchikan General Hospital Foundation

3100 Tongass Avenue

Ketchikan, AK 99901

(907) 228-8300 ext. 7035

www.peacehealth.org/southeastalaska/foundation

