

I am grateful.

Grateful Patient & Family Program



I Am Grateful.

I would like to:

Share	ΛΛ	Cham
Snare	IVIV	Story

- ☐ Make A Donation
- ☐ Volunteer My Time

Name		
Address		
City	State	Zip
Phone	Email	
Contact preference:		
	¬ ∧ ∧ - : I	
☐ Phone ☐ Email [
☐ My gift is in ☐ mem	ory of 🛮 recogni	tion of:
☐ My check in the amo	unt of \$,	made payable to
SVHC, is enclosed.		
☐ Please charge my gif	t in the amount of	\$ to:
☐ Visa ☐ MasterC	ard 🗆 AMEX	
Account #		Exp. Date
Signature as it appears on car	d:	
Please use my gift to sup	anort:	
☐ Where Needed Most	рогс.	
	nt Madical Cantan	
☐ Southwestern Vermo		<i>c</i> .
Southwestern Vermo	9	r Center
☐ VNA & Hospice of SV		
☐ Centers for Living & F		
☐ SVMC Deerfield Valle		
☐ SVMC Northshire Car	npus	

Share your story.

We encourage you to tell us your story of gratitude about the care you or a loved one received from Southwestern Vermont Health Care. Please share your story below, visit our website at svhealthcare.org/support-us/grateful-patient/, or call us at 802.447.5017.

l am	a	Grateful	Patient	and	would	like	to	thanl	K

Southwestern Vermont Health Care Foundation
Suite 41 | 100 Hospital Drive | Bennington VT 05201
Phone: 802.447.5017
E-mail: foundation@svhealthcare.org
Web: svhealthcare.org

☐ Other: _

By submitting this grateful patient story, I am giving SVHC the right to use it without restrictions.

SVHC reserves the right to edit stories for grammar and length.