

Please share with us why you want to thank your care provider.

I want to thank: _____

(Please include complete name of care provider or department you wish to thank.)

Date of care provided: _____

Room number (If applicable): _____

(This will help in the identification of your care provider if you can't remember his/her name.)

He/She was special because:

West Holt Medical Services has permission to use the contents of my thank you for publications.

Yes _____ No _____



 West Holt Medical Services

Grateful Patient

West Holt Medical Services Foundation
PO Box 214
Atkinson, NE 68713
foundation@westholtmed.org
www.westholtmed.org ~ LIKE us on Facebook
402.925.1956

West Holt Medical Services

Grateful Patient

"Making a difference everyday"



West Holt Medical Services

Grateful Patient

GRATEFUL PATIENT PROGRAM

Our patients often ask how they can express their appreciation for the remarkable care they received at West Holt Medical Services. Many send a letter of thanks, but would like to do more. The **Grateful Patient Program** offers patients and their families a way to say "thank you" to a special care provider and at the same time support a program of their choice.



In recognition of this gift, the care provider will be presented with a starfish lapel pin.

ALL GIFTS ARE TAX DEDUCTABLE.

If you have questions regarding the **Grateful Patient Program** please contact the Foundation office at 402.925.1956
foundation@westholtmed.org.



The Starfish Story

An old man walked up a shore littered with thousands of starfish, bleached and dying after a storm. A young man was picking them and flinging them back into the ocean. "Why do you bother?" the old man scoffed. "You're not saving enough to make a difference."

"Made a difference to that one."

The young man thought for a moment, then picked up another starfish and sent it spinning back into the water. "Made a difference to that one" he said.

Adapted from "The Star Thrower"
by Loren Eiseley



Yes, I want to make a gift to say
Thank You
for the special care you gave to me!

Enclosed is my gift of: (please circle one)
\$25 \$50 \$100 \$250 \$500
\$1000 Other _____

Please direct my gift to: (please check one)
 Greatest Need Area
 Department _____
(Department name)

Name

Mailing Address

City State Zip

Phone

Email Address

Please make your check payable to:
West Holt Medical Services Foundation
PO Box 214
Atkinson, NE 68713



Please note: Your gift amount will be kept confidential and will not be shared with the person(s) you are thanking.