You can make a difference through the

GRATEFUL PATIENTS & FAMILIES PROGRAM

"Appreciation is a wonderful thing. It makes what is excellent in others belong to us as well."
- Voltaire

The Grateful Patients & Families Program is a great way to support UNC Health Rockingham while offering special tribute to the care you or a family member received.

If you are grateful for the care you received or wish to honor or memorialize a family member or friend who received care at UNC Health Rockingham, our Grateful Patients & Families Program offers a significant way to say thank you.

From outstanding customer service, quality of patient care to random acts of kindness – any teammate may be recognized by your family. We welcome the opportunity to partner with you, through the UNC Health Rockingham Foundation, to honor nurses, physicians, therapists, volunteers, members of housekeeping, and food service who positively impacted your experience.

100% OF EVERY GIFT, EVERY TIME.

No matter the size, 100% of every gift not only recognizes the people who cared for you, it directly supports the care they provide to patients in our local community. From purchasing the latest equipment and technologies to continuing education and support of caregivers, the UNC Health Rockingham Foundation is committed to helping you make a difference. Your heartfelt donation of $25 or more honors staff members who will receive recognition and a special memento to recognize the impact they have made at UNC Health Rockingham Hospital.

TO MAKE A DONATION HONORING YOUR CARE TEAM, SEE REVERESE SIDE FOR DETAILS.

UNC HEALTH®
Rockingham Foundation

GRATEFUL PATIENTS & FAMILIES PROGRAM

UNCROCKINGHAM.ORG/FOUNDATION

First & Last Name(s): _____

Address: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I/We would like to make a gift of $_____ to support:

- ○ Area of Most Need
- ○ Patient Assistance
- ○ Rehabilitation & Nursing Center
- ○ UNC Health Rockingham Hospital
- ○ Health Education
- ○ Community Health Professional Scholarship Fund
- ○ UNC Cancer Care at Rockingham

☐ Enclosed is a check made payable to **UNC Health Rockingham Foundation**

☐ Please charge my ○ VISA ○ Mastercard ○ AMEX ○ Discover

Name on Card: _____

Credit Card #: _____ CVV: _____

Exp. Date: _____ Signature: _____

☐ I/We prefer that this gift remain anonymous in Foundation publications.

PLEASE RECOGNIZE THE FOLLOWING:

Caregiver: _____ Department: _____

Caregiver: _____ Department: _____

Encouraging Words: _____

_____

☐ I/We would like to receive information about including the UNC Health Rockingham Foundation in my/our estate plans.

Please email or mail your completed form to **UNC Health Rockingham Foundation** – information below.

FOR QUESTIONS, PLEASE CONTACT US AT (336) 627-8510

Please return this completed form to:
UNC Health Rockingham Foundation
117 East Kings Highway
Eden, NC 27288
rockinghamfoundation@unchealth.unc.edu

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