GRATEFUL PATIENT PROGRAM

Someone made a difference in your care. Say thank you.

Was there a nurse who made you feel safe? A doctor who gave you hope? A therapist who encouraged you when you needed it most? Or a member of the Norman Regional team who made a difficult experience a little easier?

Honor them with a gift of gratitude.

The Norman Regional Health Foundation's Grateful Patient Program gives patients and families a meaningful way to recognize a physician, nurse, therapist, technician, volunteer, or any member of the healthcare team who made a difference in their care.

Your gratitude can make a difference twice.

When you make a gift in honor of your caregiver, you are doing more than saying "thank you." Your generosity helps the Norman Regional Health Foundation support programs, services, education, and resources that make a difference for patients, families, and our healthcare team. It is a simple way to turn a personal moment of gratitude into a gift that can help make exceptional care possible for someone else.

Honor Your Caregiver Today

Make a gift in honor of a Norman Regional caregiver and let them know how much their care meant to you. Make sure to share your story. Your words can be just as meaningful as your gift.

NR HEALTH FOUNDATION

GRATEFUL PATIENT PROGRAM

HONOR YOUR CAREGIVER

Make a gift and share your gratitude.

Tell us who you'd like to recognize.

Honoree(s)/Department _____

Tell us about your experience. Share your story.

_____

_____

_____

_____

May we share your story? ☐ Yes, please contact me ☐ No, thank you

Norman Regional Health Foundation is a 501(c)(3) nonprofit organization. Contributions are tax-deductible to the extent allowed by law. Please consult your tax advisor regarding the deductibility of your gift.

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Choose how you'd like to give.

☐ **Check Enclosed.** Payable to Norman Regional Health Foundation.

☐ **Pay Online.** Scan the QR code or visit nrhfoundation.org for secure online payment.

☐ **Charge my credit card.**

Card # _____ Exp _____ CVV _____

Name (Printed) _____ Signature _____

THANK YOU FOR YOUR GIFT!

Please mail or submit this form with your donation to Norman Regional Health Foundation, PO Box 1665, Norman, OK 73070.

The Foundation will be in touch to learn more about your experience and your honorees.