

Yes, I am grateful!

I want to support UMMC because of the outstanding, compassionate care they provided to me or a loved one.

Name: _____

Address: _____

City: _____

State, Zip: _____

Phone: _____

Email: _____

\$25 \$50 \$100 \$250 \$500

Other Amount: \$ _____

My check payable to the UMMC Foundation is enclosed

Please charge my credit card
 Visa MC Disc. Amex

Card# _____

Exp. Date: _____

Signature: _____

Date: _____

Please direct my gift to _____

Please designate my gift to the area of greatest need

Your donation is tax deductible to the fullest extent provided by law.



127 North Street, Nichols Building

(585) 344-5300

(585) 344-5304 fax

www.UMMCF.org



United Memorial
Medical Center Foundation

Grateful Patients Program



**We're grateful that you chose
UMMC.**

**We hope you're grateful for the
care you or a loved one
received.**

As healthcare professionals, we are fortunate to hear stories of grateful patients and families who been inspired by the compassionate care they received. These acts of appreciation come in many forms. Maybe it was a smile, a handshake, or a quick note thanking the healthcare professional for going above and beyond.

Now, grateful patients and families have an opportunity to express their gratitude by making a gift to the United Memorial Medical Center Foundation (UMMCF) in honor of the healthcare professional who delivered the outstanding care.

UMMCF is proud to unveil the Grateful Patients and Families Program. It provides an opportunity for patients, clients, families and friends to say, "Thank You," to the physicians, nurses, therapists and other members of the

UMMC healthcare team who have made a memorable contribution to their patients' health and well-being.

Gifts to the United Memorial Medical Center Foundation will help our hospital address a number of our fund-raising needs, including capital projects, state-of-the-art equipment upgrades, continuing education for our staff, and other high-priority needs. Best of all, the choice as to where to direct funds is up to the donor, making this program perfect for grateful patients and their families.

Upon receipt of these gifts, the healthcare provider will receive recognition about the patient and/or family members' designation of them from the Foundation.

We're excited about this program, and hope that our patients and their families embrace this initiative and spread the good word throughout Genesee County.

For more information, feel free to contact the Foundation office at 585-344-5300 or visit us at www.UMMCF.org

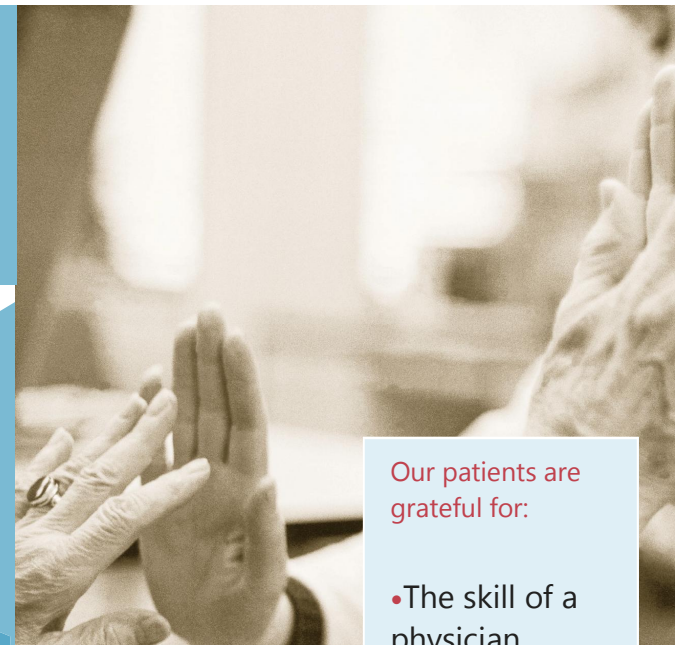
Even if you can't make a donation today, tell us about your experience with a staff member or volunteer. We will forward it on to them:

TO: (doctor, nurse, wing, floor, department) _____

MESSAGE: _____

YOUR NAME AND ADDRESS (optional): _____

Thank you for sharing.



Our patients are grateful for:

- The skill of a physician
- The care of a nurse
- The smile of a volunteer
- The caring assistance of a staff member

