



Grateful Patient Program



Are you appreciative of someone at Regional West?

Patients often ask how they can show their appreciation to someone at Regional West who has made their care special.

Regional West Foundation's Grateful Patient program provides patients and their families a way to show gratitude toward a physician, provider, nurse, employee, or department who played a special role in their care.

We invite you to share your story about how someone at Regional West played a special role in your care, and make a donation in their name. They will then be recognized by Regional West Foundation.



Please share the reason you want to give a gift of gratitude.

I want to thank: _____

(Please include complete name of the physician, provider, nurse, employee, or department that you wish to thank)

Date of care: _____

Floor/room number: _____

Please share your story:

Regional West Foundation has permission to share my story with the physician, provider, nurse, employee, or department I wish to thank.

Yes _____ No _____

Regional West Foundation has permission to use my story and its contents for publication.

Yes _____ No _____

Continued on back



FOUNDATION

Your gift will go toward the programs and projects at Regional West.

Proceeds from past campaigns spearheaded by the Foundation have helped fund the purchase and installation of:

- A Philips Brilliance Big Bore CT simulator in the Cancer Treatment Center
- New technology and equipment for the Cardiac Catheterization Lab
- 3D tomography equipment for the Breast Health Center
- The Robotic da Vinci® Surgical System
- A Tranquility Garden for visitors, physicians, providers, and employees to enjoy



I would like to make a one-time gift of

\$10 \$25 \$50 \$100 \$250 \$500

Other _____

I would like my gift to support the

_____ Greatest need _____ Department name: _____

Name: _____

Mailing address: _____

City, State, Zip: _____

Phone number: _____

Email address: _____

Form of payment

Enclosed check

Credit card

Name as it appears on credit card: _____

Credit card number: _____

Expiration date: _____ Security code: _____

Signature: _____

Yes! I want to give a gift to say thank you.

Please send the completed form, and make checks payable to:

 **Regional West**
Foundation

4021 Avenue B
Scottsbluff, NE 69361
308-630-1485
RegionalWestFoundation.org

Your gift is tax deductible.

The amount of your donation will not be shared with whom you are thanking.