



# Yes, I am a Grateful Patient!

Enclosed is my gift of \$ \_\_\_\_\_

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Anonymous donation. Please do not include my name on donor listings.

I would like my gift to recognize the following employee(s) or department(s):

*Your Grateful Patient honoree will be notified of your gift (unless you check "Anonymous donation" above) and will also receive special acknowledgement.*

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Payment Method

My check is enclosed, payable to Sonoma Valley Hospital Foundation

Please charge my:  MasterCard  Visa  American Express

Name on card \_\_\_\_\_ Exp Date \_\_\_\_\_

Account # \_\_\_\_\_ 3 digit security code \_\_\_\_\_

Signature \_\_\_\_\_

Please mail to: Sonoma Valley Hospital Foundation • 347 Andrieux Street • Sonoma, CA 95476

*For more information about the Grateful Patient Program or the Sonoma Valley Hospital Foundation, please visit [www.svh.com/foundation](http://www.svh.com/foundation) or contact Harmony Plenty, Executive Director, at 707.935.5070 or [hplenty@svh.com](mailto:hplenty@svh.com). We are also on facebook.*