



**Floyd Memorial Foundation
Guardian Angel Program**

Many grateful patients take the time to send a note of thanks regarding the care they received during their time at Floyd Memorial Hospital. Some patients have expressed that they would like to do more to fully recognize a Hospital Associate(s) for the outstanding and special care they received. The Guardian Angel Program enables them the opportunity to highlight their appreciation for a Hospital Associate(s) and/or Physicians and support the Floyd Memorial Foundation through their donation.

For a minimum \$25 donation, patients, their family members or friends can pay tribute to an associate, physician or volunteer that had an exceptional impact on them during their Hospital or physician visit by naming the individual(s) a Guardian Angel. Each Guardian Angel will be recognized by their department head, Hospital CEO and Foundation staff members with a Guardian Angel pin and the note of gratitude from the grateful individual shared amongst their peers.

All donations received for the Guardian Angel are tax deductible and directly support the mission of the Floyd Memorial Foundation.

Donor Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

E-mail _____ **Phone** _____

Donation Amount: _____ \$25 _____ \$50 _____ \$100 _____ Other

Payment: _____ Cash _____ Check made payable to the Floyd Memorial Foundation

_____ **Credit Card No.:** _____ **Exp. Date** _____

Signature: _____

Honoree(s) Name: _____

Hospital Unit/Department/Office: _____

I/We feel the above named individual(s) should be designated a Guardian Angel because:

Please submit this completed form to the Floyd Memorial Foundation office to the attention of Emily Byrd via e-mail at emily.byrd@fmhhs.com, fax (812) 948-7685 or via mail to Floyd Memorial Foundation, 1850 State Street, New Albany, IN 47150

Thank you for your contribution to the Floyd Memorial Foundation. Your donation will help support the Foundation mission to provide support to Floyd Memorial Hospital and Southern Indiana healthcare organizations to enhance the quality of care provided to our community. The Foundation will send you a tax receipt for your donation at the close of the calendar year.