

## **Recognize Your Guardian Angel!**

Burgess Foundation's Guardian Angel program provides patients, family members, and friends a chance to show their gratitude to a physician, nurse, or another caregiver who has played an exceptional role in their lives.

You have the opportunity to support Burgess Health Center while paying tribute to your special health care provider – the individual who made a difference in your visit or stay at Burgess. Your Guardian Angel will receive an acknowledgment letter announcing that a donation has been made in his or her honor. Also, your Guardian Angel will receive a custom-crafted lapel pin to wear proudly.

Tell us abo	Tell us about your Guardian Angel Experience (use an additional sheet if needed)		
Guardian A	Angels' Name		
	, ZIP		
I would	like to contribute:		
□ \$1000*	□ \$500 □ \$250 □ \$100 □ \$50 □ Other \$		
-	ualifies to be included in your cumulative gifts to Burgess Health Center, ich is recognized on the donor wall in the hospital lobby.		
Two ea	sy contribution options:		
1. If cont	ributing by check, please make payable to Burgess Foundation.		
2. If dona	ating with a credit card, please fill out the following information.		
Please	charge \$		
To my	☐ Visa ☐ MasterCard ☐ American Express ☐ Discover		
Card N	No		
	t Security Code (on back of card) Expiration date		
_	Vame – as it appears on card		
	IIre		

## Thank You for Your Support!

☐ Yes, I would like to receive email updates from Burgess Foundation. *	
Email address	

\* Burgess Foundation email updates are sent to subscribers only. Burgess does not sell, trade, rent, or show personal information about our users to or with any third parties. Email updates are intended for Burgess Health Center consumers and patients 18 years of age and older.

Burgess Foundation email demographic information may be used to contact you to ask for contributions of our facilities and programs. The money raised will expand and improve the services and programs we provide. If you do not wish to be contacted for any future fundraising requests, please notify us by writing to Burgess Foundation, 1600 Diamond Street, Onawa, Iowa 51040.

## **Return Form & Gift To:**

Burgess Foundation 1600 Diamond Street Onawa, IA 51040

To speak with a Foundation representative, please call (712) 423-9374 Burgess Foundation is a nonprofit 501(c)(3) organization.