

*“I was treated like royalty
and everything went good.”*

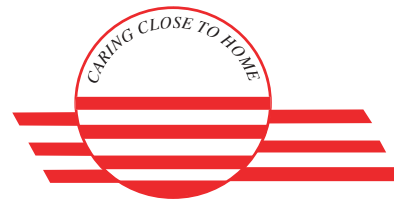
*“Again, they made a bad
experience comfortable.”*

*“Am just happy to have our Hawarden
Hospital for their help and concern.”*

*“I was very satisfied and best of all
it saved a trip to the city.”*

*“I have been to physical therapy many
times. I always receive the GREATEST
care and CONCERN. The atmosphere
is very enjoyable SOFRIENDLY.”*

*“We are fortunate to have hospital
close - & always ready to help
especially in an emergency.”*



HAWARDEN COMMUNITY HOSPITAL
1111 Eleventh Street • Hawarden, Iowa • 51023

1002-089



Grateful Patient Program

*An opportunity to
build friendships*



HAWARDEN COMMUNITY HOSPITAL

LASTING IMPRESSIONS

Many of our patients leave a lasting impression on us – long after they have returned home. We hope that our care has had a lasting impression on them.

Some patients and family members ask about saying “thank you” in a charitable way. The Grateful Patient Program of Hawarden Community Hospital provides a means to do just that. The program exists to build friendships with patients who, because of their own experience here, want to support the kind of care that Hawarden Community Hospital and staff deliver. It is a thoughtful way to recognize the excellent care you or a loved one received from your physician or the staff at Hawarden Community Hospital.



MERCY FOUNDATION

The Foundation is dedicated to funding the needs of our patients and families - needs that otherwise might not be met. Gifts from grateful patients and their families support ongoing hospital programs, services and technology for our patients and the community. Your gifts support the mission of Hawarden Community Hospital and help improve the quality of healthcare we are able to provide today and in the future.

Changes in the healthcare environment mean the Foundation will be called upon to support a wider range of areas, making your charitable gifts more important than ever. Whether large or small, your gift is important. Every dollar contributed goes directly to support the project or programs you designate. Your gift continues to give while honoring the Hawarden Community Hospital healthcare professionals who made a difference in your life.

PLEASE CONSIDER A GIFT

Each gift will be acknowledged by the hospital. Additionally, we will acknowledge your gift in honor of your physician(s), nurse(s), or departments as designated below.

Yes, I would like to give a gift in support of the Grateful Patient Program through a commitment of:

- \$25 \$50 \$75
 \$100 Other \$ _____

Name _____

Address _____

City _____

State _____ Zip _____

Please direct my gift to: _____

In memory of _____ (Name)

In honor of _____ (Name)

Please send an acknowledgement to:

Name _____

Address _____

City _____

State _____ Zip _____

- I/we would like information on how to include Hawarden Community Hospital in my/our estate plan(s).

*Thank you for making a difference
in the lives of our patients.*