Say Thank You with your charitable gift

Your message will be shared with the Circle of Care recipient during a celebratory recognition with their department.

Along with your gift, please include a note to share with your honoree:





www.pvmc.org/foundation



Platte Valley
Medical Center
Foundation

The promise of healthcare philanthropy is the ability to change lives and the power to save lives.

Platte Valley Medical Center Foundation develops the resources that help keep and expand this promise to the people who trust Platte Valley Medical Center to care for them.

For more information about the **Circle of Care** or questions about **making your gift**, please call **303-498-3630**.

Advancing the promise of life through philanthropy.

Platte Valley Medical Center Foundation is a not-for-profit 501 (C)(3) organization.

For more information on ways you can make a difference for patients at Platte Valley, or to share your story – please contact us at

> 303-498-3630 www.pvmc.org/foundation



1600 Prairie Center Parkway, Brighton, CO 80601







TRULY MAKE A DIFFERENCE



Gifts of Gratitude Make a Great Impact



Sometimes words are not enough to express the gratitude we feel for the care that we have received.

Physicians, nurses, volunteers, and staff members do their best each day to demonstrate the spirit of caring that defines the mission at Platte Valley Medical Center.

Perhaps the most impactful way to recognize the extraordinary care you received at Platte Valley Medical Center is through a gift of gratitude in honor of a Platte Valley associate, volunteer or department.

Platte Valley Circle of Care provides you the opportunity to say "thank you" to those who made a difference and were there when you needed them the most.

Make a gift... make a difference

To make a gift in honor of someone special, please complete the form to the right and send it along with your donation using the attached self-addressed envelope or online at www.pvmc.org/foundation.

Honorees will be recognized at a special department presentation.



Yes! I want to make a gift to honor:

	_
Honoree's Name	

Date of Service

Department/Area

Your Name

Address

City State Zip

Phone

E-Mail

Enclose	d is my cl	heck for:		
\$ 25	\$ 50	100 \$100	\$ 500	1000
🗋 Other	r: \$			
(Please ma	ake payable	to Platte Vall	ey Medical C	enter Foundation)

Please charge my card:

VISA MASTERCARD

Name on Card

Card #

Expiration Date CVS Code (on back of card)

Signature

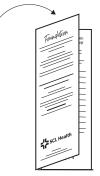
 I would like to know more about including Platte
Valley Medical Center Foundation in my estate plans.
I'm including Platte Valley Medical Center Foundation in my estate plans.

Tear off left panel

2 Moisten glue strips and fold in right panel

/

3 Insert check (if applicable), fold over left panel and seal closed



4 Place stamp on mailing panel and drop in mail