**Give your "hero a halo" -** honor the BRMC physician, nurse, therapist, radiology tech, food service worker, lab tech, housekeeper, volunteer or other caregiver who made a difference in your visit or stay.



For more information, please call (870) 508-1770 or visit www.baxterregional.org.

## Honor your hero.

You have the opportunity to pay tribute to your special health care provider – the BRMC physician, nurse, radiology tech, therapist, lab tech, food service worker, housekeeper, volunteer or any other caregiver who made a difference during your visit or stay – while supporting your hospital.

Heroes with Halos receive a certificate (presented by the BRMC President & CEO and Chief Nursing Officer) showing that a donation has been made in his or her honor. In addition, Heroes with Halos receive a special badge to wear proudly! I would like to contribute: □ \$250 □ \$100 □ \$50 □ \$25 ☐ Other gift: \$\_\_\_\_ I would like my gift to support: 

Mruk Family Education Center on Aging ☐ Healthcare Scholarships ☐ Hospice of the Ozarks ☐ Peitz Cancer Support House ☐ Reppell Diabetes Learning Center ☐ Area of Greatest Need ☐ Schliemann Center for Women's Health Education My gift is being made in appreciation of my Hero with a Halo: Name of caregiver: Department Please let us know what your Hero with a Halo did to make your visit a good experience: Address City State Zip \_\_\_\_\_\_ Email \_\_\_\_\_ Please charge \$\_\_\_\_\_to my □ VISA □ Mastercard \_\_\_\_\_ Expiration Date \_\_\_\_\_ CSC# (card security code) \_\_\_\_\_ Name as it appears on card \_\_\_\_\_ Enclosed is my check for \$\_\_\_\_\_ made payable to Baxter Regional Hospital Foundation. To make a secure online donation, please visit www.baxterregional.org.  $\square$  I give my permission to publish my story.  $\square$  I prefer my gift to be anonymous. All gifts are tax deductible.

Please print and complete this form and return it to our office by mail or fax:

