

Caring Hearts, Healing Hands

At McDonough District Hospital, we are committed to providing excellent, compassionate care – every day, for every patient. From life-saving procedures to warm smiles and extra blankets, our team is dedicated to going the extra mile to ensure you and your loved ones feel safe, well, and comfortable.

The **Champion of Care Program** gives you the opportunity to say thank you and recognize the caregivers who helped you during your visit. Show your gratitude to a physician, nurse, staff member, volunteer, department, or area of care by making a contribution to the MDH Foundation in their honor.

Your **Champion of Care** will be presented with an acknowledgment letter, a lapel pin to proudly wear on their name badge, and an invitation to our Champions of Care Ceremony.

Gifts of any amount are deeply appreciated. Contributions are tax-deductible and may support an area of greatest need or an area close to your heart.

For more information, please contact the MDH Foundation Office at (309) 836-1757 or visit www.MDH.org.

Choose Your Champion

I am grateful and want to make a gift to thank my Champion of Care:

(Champion's Name)

My Champion of Care provided exceptional care in the following location:

- | | |
|---|--|
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> Intensive Care Unit |
| <input type="checkbox"/> Admissions Office | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Anticoagulation | <input type="checkbox"/> Obstetrics & Gynecology |
| <input type="checkbox"/> Behavioral Health Services | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Cancer Treatment | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Cardiopulmonary | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Convenience Clinic | <input type="checkbox"/> Primary Care |
| <input type="checkbox"/> Diabetes Management | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Drive-Thru | <input type="checkbox"/> Rehabilitation Services |
| <input type="checkbox"/> Ear, Nose & Throat | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Surgical Services |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> TeleHealth Services |
| <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Valet |
| <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Other: _____ |



Your Information

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Gift Amount

\$250 \$100

\$50 \$25

Other: _____

Please keep the amount of my gift confidential.

Please direct my gift to:

Area of greatest need Patient support

Employee support Facilities

Payment Type

Check

Make payable to McDonough District Hospital Foundation.

Credit card

Type of card (circle one)

VISA MASTERCARD DISCOVER AMEX

Name on card: _____

Card #: _____

Exp. date: _____ CVV: _____

Signature: _____

Please complete all sections of the form. Return your completed brochure, with check if applicable, to:
McDonough District Hospital Foundation
525 E. Grant St.
Macomb, IL 61455