I would like information about the following opportunities:

- ☐ Volunteering at MDH
- ☐ Assisting with events
- ☐ Golden Apple Society membership (Contributing \$10,000 through a multi-year commitment.)
- ☐ Century Club (Contributing \$100-\$999 per year.)
- ☐ Heritage Circle
 (Naming MDH in your will, estate plans, life insurance beneficiary, charitable trust or IRA, gifts of stock, investments, real estate, or CDs.)

Please return your completed form to: McDonough District Hospital Foundation 525 E. Grant St. Macomb, IL 61455



My Champion of Care helped in the following way:





advancing care for our communities



Champion of Care

CREATED TO HELP YOU THANK YOUR CAREGIVERS

A McDonough District Hospital Program

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:

- ☐ Acute Care
- ☐ Admissions Office
- ☐ Anticoagulation
- ☐ Behavioral Health Services
- ☐ Cancer Treatment
- ☐ Cardiopulmonary
- ☐ Convenience Clinic
- ☐ Diabetes Management
- ☐ Drive-Thru
- ☐ Ear, Nose & Throat
- ☐ Emergency Services
- ☐ Food Service
- ☐ Gastrointestinal
- ☐ Home Health Care
- ☐ Hospice

- ☐ Intensive Care Unit
- ☐ Laboratory
- ☐ Obstetrics & Gynecology
- ☐ Ophthalmology
- □ Orthopedics
- □ Pediatrics
- ☐ Primary Care
- ☐ Radiology
- ☐ Rehabilitation Services
- ☐ Sports Medicine
- ☐ Surgical Services
- ☐ TeleHealth Services
- □ Valet
- ☐ Wound Care
 - ☐ 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:

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

Exp. date: ____

CVV: